Clinical Lectures ON DISEASES OF THE CHEST.

Delivered at Charing-cross Hospital.

BY HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, PHYSICIAN TO CHARING-CROSS HOSPITAL, AND LECTURER ON THE PRINCIPLES AND PRACTICE OF MEDICINE AT ITS MEDICAL SCHOOL.

LECTURE VIII.—PART I.

ON AURICULAR PERICARDIAL FRICTION, AND SPHYGMO-PNEUMAL SYNCHRONISM.

GENTLEMEN,—There are two classes of clinical phenomena: the first essential, typical, diagnostic, imparting to the morbid states in which they occur their characteristic impress and physiognomy, determining our opinion as to their nature—often, moreover, so indicative of the kind and seat of the trouble the body is labouring under, and of the direction in which danger is to be apprehended, as to be highly suggestive of the appropriate treatment; the other, non-essential, accidental, intercurrent. There can be no doubt as to which of these two classes has the strongest claim on our attention. The first has all the interest of the second, *plus* its own paramount importance. The second we *may* study; the first we *must*. Nevertheless, these non-essential and eccentric clinical phenomena are well worth our attention. They are facts; and who shall limit the importance of a fact? We must never forget that clinical medicine is a natural science, and in all natural sciences facts are things of paramount importance and supreme interest. Always feel, gentlemen, to a fact the reverence that a Chinaman does to a piece of printed paper—never throw it away. The building up of a science by the gradual accumulation of facts is like the putting together of a child's puzzle; as the construction advances, fragments are found to fit in whose place and use in the early part of the process were never suspected. We can never predict from day to day when the clinical phenomena of Class 2 shall become those of Class 1—when the apparently accidental and erratic shall become the essential and diagnostic.

These observations of mine are meant to be somewhat apologetic (if any apology is needed) for directing your attention to-day to two or three cases presenting certain physical signs that are rather critical and curious than anything else, and whose interest may be said to begin and end *with* their interest. They are, however, phenomena whose observation and discussion is, I think, calculated to encourage and enforce that habit of close and painstaking scrutiny, that *prying* scrutiny, with which all clinical facts should be observed—calculated, as far as they go, to make you observers; and remember that if the student of clinical medicine is not an observer he is nothing.

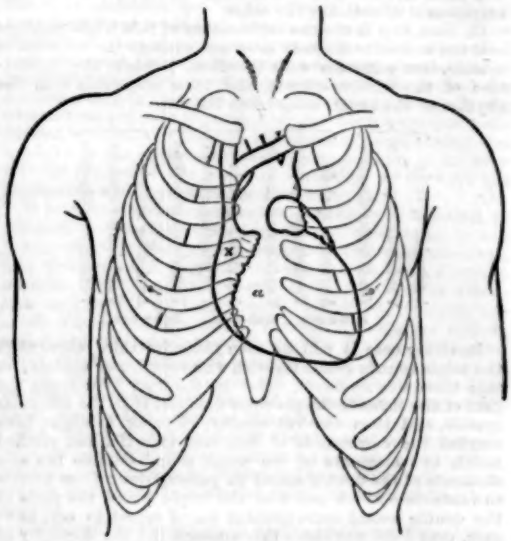
CASE 1.—William B——, aged twenty-one, by occupation a printer, always had fairly good health till three years ago, when he experienced an attack of acute rheumatism which confined him to bed for six weeks, and from which he did not recover for ten months, getting better and worse alternately. After his recovery he experienced great shortness of breath and palpitation whenever he became excited or walked fast. This has continued, more or less, up to the present time.

About a month ago he was seized with slight pains in his limbs, and applied to Dr. Pollock as an out-patient at this hospital. He became much worse, and was soon compelled to give up work from the severity of the rheumatism which affected all his joints. A week since he felt, on drawing his breath, great pain in his left shoulder, but none exactly over the region of the heart.

On admission he was suffering from pain over the sternum, in the arms, shoulders, legs, and feet; he breathed with great difficulty, the least exertion rendering him completely breathless—even rising in bed. Thirst great; tongue coated; breath offensive; feet slightly œdematous; skin perspiring freely; bowels regular; pulse 92; respiration 45; temperature 102·4°.

Physical examination.—On listening over the cardiac region a loud, flat, rasping to-and-fro sound is heard, of greatest intensity at mid-sternum opposite the fifth cartilage, gradually becoming feebler on passing down the margin of the right ventricle towards the apex, becoming distant on passing to the left side. On passing upwards and to the right this sound becomes *triple* instead of double, with a rhythm reminding one of canter—*rub-a-rub* instead of *rub-rub*. It is

FIG. 1.



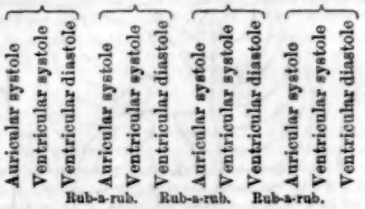
when fairly over the auricle, in the right third intercostal space, close to the sternum (Fig. 1, *x*), that this triple character of the friction-sound is best marked; and I feel no doubt that the addition of the third element of sound on passing from the surface of the ventricle to that of the auricle is due to auricular pericardial friction. It seems that at first I had the impression that of these three sounds, the second coincided with the radial pulse—that is, with the ventricular systole, the third with the ventricular diastole, and the first, which was presystolic in its time, with the auricular systole; and that I conceived them produced by, in the order of time, auricular systolic friction, ventricular systolic friction, and ventricular diastolic friction. But I afterwards clearly made out, and my opinion was confirmed by others, that it was the third element of sound that coincided with the radial pulse, and therefore that both the others were presystolic in time. The sounds were just the same as before, and had, at and near the auricle, just the same cantering character as before; therefore I cannot but conclude that they were effected by the same agency. The most spontaneous and *primâ facie* explanation that would suggest itself to the mind, of a double friction over the auricle preceding the systolic friction, would be that the first was due to the auricular systole, the second to the auricular diastole, and then the third to the ventricular systole. The rhythm and mechanism of the frictions, on this hypothesis, would be represented thus:—

Auricular systole	Auricular systole	Auricular systole	Auricular systole
Auricular diastole	Auricular diastole	Auricular diastole	Auricular diastole
Ventricular systole	Ventricular systole	Ventricular systole	Ventricular systole
Ventricular diastole	Ventricular diastole	Ventricular diastole	Ventricular diastole
Rub-a-rub.	Rub-a-rub.	Rub-a-rub.	Rub-a-rub.

But this would imply that the relaxation of the auricle took place before the contraction of the ventricle, and pre-

ceded it by an appreciable interval. Now I think that anyone who has watched the contractions of a mammalian heart will agree with me that, whatever else is doubtful, it is quite certain that the auricular diastole and the ventricular systole are absolutely contemporaneous—necessarily contemporaneous; for the principal movement that attends the ventricular systole, the descent of the auriculo-ventricular zone, involves of necessity a proportionate enlargement of the auricle, and is indeed the chief mechanism of that enlargement; just as the shifting of a septum between two chambers involves the enlargement of one to the same extent as it diminishes the other.

If, then, this is not the explanation of this triple murmur—if the auricular diastole does not precede the ventricular systole, but coincides with it—then, I think, the explanation of the friction-sounds, and their connexion with the rhythm of the heart, must be as follows:—



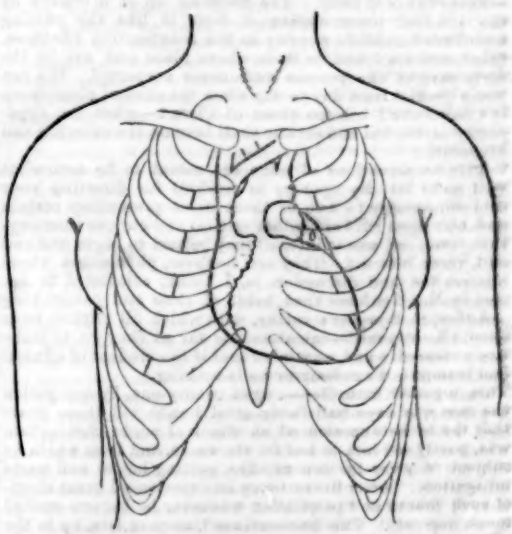
In either case it will be seen that the third element of the triple sounds coincides with the ventricular systole; of this there was no doubt. But in the last hypothesis the first of the three is the previous diastole, then the auricular systole, and then the ventricular. I think I might have verified the correctness of this last view if I had verified which two elements of the triple sound became the sole elements of the double sound on passing down from auricle to ventricle—which parts of the triple sound the parts of the double sound corresponded to. I regret to say, however, that I did not make this attempt till the triplicity of the sound had passed away. There is one circumstance that is strongly confirmatory of the correctness of the latter explanation. It is this: the third element of sound heard loud over the ventricle was evidently produced by the friction of the ventricle, for it coincided with the radial pulse and the ventricular impulse. I do not think a ventricle so roughened, and giving so loud a friction-sound with the systolic twist, could fail to produce a friction-sound at the diastolic counter-twist. Now the first explanation imagines the diastole of the ventricle to be soundless. No doubt you do sometimes get a systolic friction-sound which is single, there being none at the diastole; but, as far as I have seen, this is when the seat of the roughness is at or near the apex, where the systolic impulse makes the contact of the surfaces, especially the anterior surface, more forcible at that time, and where you may almost say the surfaces are withdrawn from one another at the diastole. In this case, however, the part of the ventricle where the friction-sounds were most intense was near the base.

The triple sound over the auricle continued for many days; one of the three elements then became indistinct, and then ceased, the sounds being everywhere simply to and fro. In a day or two more this double sound began to lose its clearness and force, becoming daily conspicuously more feeble; and in three or four days more cleared away altogether, leaving the sounds at the base, as I believe, natural, and a systolic mitral murmur, of almost musical character (which had been detected when the friction-sound was in full force), more conspicuous and clearer than ever. With this improvement in the physical signs, however, a commensurate improvement did not take place in the general condition of the patient; indeed he appeared to get daily worse, especially in relation to the embarrassment of his breathing. The signs of moderate pericardial effusion then revealed themselves, consisting of an upward extension of the cardiac dulness, an upward transference of its impulse, which was plainly felt and seen between the third and fourth and fourth and fifth ribs, an entire loss of it in its natural situation between the fifth and sixth, and some sense of distance and muffling of the apex-systolic murmur, which also lost its musical character. I do not, however, think that the loss of the friction-sound at and near the base of the heart was due to the effusion, for the following reasons: (1) they were already fading away before the signs of effusion showed themselves; (2) the natural first and second sounds at the base, which revealed themselves on the disappearance of the friction-sound, were clear and superficial in character; and (3) the other signs of effusion were not such as to point to an amount of fluid sufficient to imply, in the position of the patient, the mounting of the effusion up to the base. Nor, in the second place, do I think that the extended area of cardiac dulness was due simply to the effusion; it existed in a great degree before, when the almost universal friction-sound showed that the pericardial surfaces were everywhere in contact. I have no doubt that the young man's heart is considerably hypertrophied, that this hypertrophy is of some standing, that the prominence of the left cartilage is due to it, that it dates from the attack of rheumatic fever three years ago, and is probably the result of mitral disease then inflicted, of which the systolic apex-murmur now existing is a sign.

Now let us leave for the present WM. B——'s case, and turn to another case that we have recently had under our observation, bearing in an interesting way on this same subject of auricular pericardial friction.

CASE 2.—Annie H——, aged twenty-nine, a servant of one of my colleagues, was admitted into the hospital on September 28th, suffering from symptoms of albuminuria—pain in the back, headache, debility, extreme pallor, slight puffiness of face and limbs, and urine highly albuminous. The heart's action was unduly strong, and there was at times a good deal of drowsiness. Her condition fluctuated from day to day in the characteristic way, and she took the ordinary remedies with some temporary improvement. One day, on going to her bedside, she told me that she was suffering a good deal from pain on the left side of the chest, and, indicating the spot, placed her finger on the third left rib, about an inch to the left of the margin of the sternum. On applying the stethoscope in this situation (Fig. 2, *o*) I heard what appeared to me to be a presystolic murmur: it

FIG. 2.



was distinctly presystolic in time—clearly later than the diastole, and ending at the first sound; soft and single in character. I at once transferred the stethoscope to the apex, expecting to hear it there in greater force; but what was my astonishment to find that not a trace of it was to be heard! I went up again to the original spot, and there it was as before; and then I found that it was restricted to a very small area, that it was not heard over a space larger than a half-crown, beyond that being lost in every direction. I was perfectly unable to explain it—could not even attempt or conceive any explanation. That the maximum intensity of a presystolic murmur should be at the apex I regarded as a clinical fact without an exception, and I could con-

struct no theory which would explain the conduction of the vibrations of a mitral constrictive murmur to the base of the heart and leave them inaudible at the apex. The girl died a few days afterwards, and the post-mortem cleared up the whole mystery. The left auricle was covered and roughened with lymph, the result of recent pericarditis; the roughening was confined to the surface of the auricle, and therefore the friction-sound coincided with the movement of the auricle. This explains the presystolic period of the sound—it occurred at the same time as ordinary presystolic murmur because it was produced by the same cause, the contraction of the auricle. This revelation made what seemed so mysterious as simple and intelligible as possible, and showed that there may be such a thing as presystolic pericardial, as well as presystolic endocardial, murmur. If you look at this diagram you will at once see why the murmur was localised at the spot at which we heard it; you will see that it exactly corresponds with that part of the left auricular appendage (Fig. 2, *e*) that turns forward, and, as it were, embraces the left border of the pulmonary artery. A line passed back through the focus of the sound would have gone straight into the auricle.

Having now brought you, in the two cases I have just related to you, from the right auricle to the left, let me in the next take you back to the right again. The case is, like the preceding, one of uræmic pericarditis.

CASE 3.—Alice R——, aged forty, was admitted on the 26th of October, breathless, œdematous, cyanosed, unable to lie down, with mucous rattle all over her chest, and apparently dying from bronchitis. She was spitting profusely muco-pus, and sat bolstered up in bed, labouring for her breath, and coughing and spitting up this stuff, for several consecutive days and nights. The œdema was greatly developed, and had risen as high as the trunk. The urine was found to contain an enormous amount of albumen, and on being set aside for microscopical examination threw down a scanty precipitate of the characteristic white, shreddy, organic deposit, which on examination was found to consist of casts and epithelium, the casts being small and imperfect, and the epithelium, some free and some in the casts, loaded with oil. She was ordered carbonate of ammonia, spirit of chloroform, henbane, and senega every four hours, and twenty grains of compound scammony powder every other morning. After three or four days the urgency of the dyspnœa abated, the cyanosis became less marked, and she was able to forego the erect posture in some degree. In a few days more the dyspnœa was greatly reduced, the cyanosis almost gone, the expectoration diminishing, and the moist bronchial sounds much less considerable. She was able now to give an account of herself, and stated that she was quite well up to last May, when, on the 3rd, she took cold; the cold fell upon her chest, and gave her cough, expectoration, and shortness of breath, which have never left her from that time; on the contrary, they gradually became worse and worse, and a fortnight or three weeks before her admission the feet and legs began to swell. Previous to the cold in May her health was perfectly good.

Although in a week or two the crepitation that had existed all over the lungs when she was admitted almost entirely cleared away, and her breathing became quite easy and tranquil, the œdema rather increased than diminished. This, together with the condition of the urine, showed that the case was essentially a renal one, and I have no doubt that the bronchitis with which she came into the hospital was, partly at least, uræmic. The bronchitis ceased to be a subject of primary anxiety, and experienced still further mitigation. The ordinary treatment for chronic renal cases of such character was adopted, but without much relief, or much hope of it. One circumstance that greatly limited the efficacy of such treatment, and indeed limited its application, was the patient's extreme debility, which rendered her unable to bear the hot-air baths and the hydragogues which were tried.

Her case now followed the usual course of such cases, fluctuating from day to day, but gradually losing ground, when, one day, on examining her chest, it was found that there was a cavity in the right lung at the level of the third rib, about two inches from the right border of the sternum. This was pointed out to me, and in exploring the neighbourhood I came upon a loud and clear pericardial friction-sound, at the inner extremity of the third intercostal space, close to the margin of the sternum—between, that is, the third and fourth right costal cartilages. (See Fig. 1, *x*.) Its seat of maximum intensity was not bigger than a shilling, and was exactly confined to the spot I mention. It was distinctly less strong either at the third or fourth cartilage than it was between them; moreover, it soon became faint and was lost in passing from this spot in any direction—up, down, right, or left; in the fourth intercostal space it was faint, in the fifth it was lost; at mid-sternum, opposite the third space, it was faint; at the left margin, on the same level, nothing could be heard of it. On first coming across it I expected I should find it extending down over the right ventricle; but in no other situation than that I have mentioned could it be heard. Now, if you look at the diagram of Wm. B——'s case, you will see that the spot I have indicated there by the letter *x* as being the seat of the triple friction-sound, exactly corresponds to the seat of the friction-sound in this case and to the right auricle. It was clear, then, not only that we had got here auricular pericardial friction, but that the inflammatory roughening was confined to the auricle, and that the movements of the ventricular portion of the heart had nothing to do with the production and rhythm of the sound.

It became interesting therefore, especially in relation to the case of Wm. B——, to ascertain at what time in the heart's rhythm the friction-sounds in this case occurred, and what relation they had to the systolic and diastolic periods. To this point, therefore, I paid particular attention, and I made out most clearly the following points:—

1st. The sound was double—it was a *to-and-fro* sound; and of the two sounds the first was the loudest, the second being decidedly softer and fainter.

2nd. Of these two sounds, the second exactly coincided with the ventricular impulse and natural first sound of the heart, and with the pulse at the wrist.

3rd. The first and louder of the two sounds did not precede the second so far as to extend back to the preceding diastole, but occupied an intermediate position between the systole and previous diastole; in other words, it was presystolic.

This therefore cleared up all doubt as to the reading of Wm. B——'s case. There could be no doubt that the pericardial friction in this case of Alice R——'s was auricular, and solely auricular; there could be no doubt that the first and louder and rougher sound coincided with and was caused by the auricular systole; there could be no doubt, therefore, that the second and fainter friction-element coincided with and was caused by the auricular diastole; but this coincided with the impulse and natural first sound of the heart; *ergo*, as plain as Euclid, an auricular diastolic friction-sound must coincide with a ventricular systolic one—just, in fact, as we should expect. But the third element of the triple friction in William B——'s case was clearly made out to be ventricular systolic; therefore the one that preceded it could not have been auricular diastolic, as that is synchronous with the ventricular systolic, but must have been auricular systolic; and thus there will be nothing left for the first but the ventricular diastole. My second scheme therefore, in explanation of the genesis of that triple murmur, must be correct.

A day or two after the appearance of the auricular friction the sound spread down over the ventricles and became general, and a day or two after that the patient died. At the post-mortem examination the pericardium was found to be the seat of recent general inflammation, and was everywhere roughened with soft lymph.

CASE 4.—I have seen yet a fourth case, in private practice, in consultation with my friend Mr. Buxton, of Islington, the exact counterpart, as far as the physical signs go, of Alice R——'s case. The patient was a lady in middle life, who had had frequent attacks of subacute rheumatism, and was suffering at the time I saw her from symptoms of a rheumatic character. The friction-sound was very circumscribed, was seated exactly at the extremity of the third interspace close to the sternum (Fig. 1, *x*), and the first and loudest of its two elements was sharply presystolic in time.

Now, gentlemen, I have directed your attention thus minutely and thus at length to this subject of auricular pericardial friction for the following reasons:—

First: That I might prevent your being at any future time puzzled when you come across similar cases in your own practice. Triple friction, as far as I know, is a new thing, or rather I should say an undescribed thing, for no

doubt it is as old as the hills—as old as pericarditis itself. But having had it once pointed out to you, you will, if you should ever meet it, at once identify it and give it its true place.

Secondly: That I may guard you against mistaking it for evidence of mitral narrowing—in fact, for presystolic murmur. You might think that as presystolic murmur was generated by the contraction of the auricle, there would be nothing extraordinary in hearing it *over* the auricle, and come to the conclusion that what you heard was true presystolic murmur. This might involve not only an erroneous diagnosis, but very likely an erroneous prognosis too; and would puzzle you beyond measure if you found the sound entirely vanishing in a day or two, or if you discovered after death an unconstricted mitral orifice.

Thirdly: Because a knowledge of the facts and considerations that I have been pointing out to you will enable you at once to recognise such a sound as inevitably pericardial, pericardial beyond alternative, and to place at least this form of friction-sound—friction-sound occurring at this time and place—out of that category of friction-sounds that may by possibility be confounded with endocardial murmurs.

Fourthly: Because it illustrates the value of convection and of a knowledge of its operation in localising endocardial murmurs. It was my knowledge of the influence of convection in bringing presystolic murmur sharp to the apex, and draughting it away, so to speak, from the upper part of the heart, that forbade my giving the sound in the case of Annie H—— the otherwise obvious interpretation that its presystolic date suggested, that showed me there was something inexplicable about it, and kept my mind in suspense till its true and latent explanation revealed itself.

Fifthly: Because it is an interesting confirmation of the correctness of our present notions of the physiology of the heart with regard to the precise time of the contraction of its several cavities, and shows us that what we see taking place in the exposed heart of a narcotised mammal is exactly what is taking place in the normal human heart *in situ*—it is clinical evidence corroborating physiological experiment.

ON THE ORIGIN OF CANCER.

BY CAMPBELL DE MORGAN, F.R.S.,
SURGEON TO THE MIDDLESEX HOSPITAL.

(*Concluded from page* 119.)

WE may now pass on to the consideration of the inheritability of cancer. From careful inquiry into the family history of private patients, I am, as I before mentioned, inclined to consider the disease as more frequently hereditary than does Mr. Paget. The family histories of hospital patients are not, as a rule, so readily obtained. This would by some be thought to establish the point I have been arguing against. But it does not touch the question one way or the other, or, if anything, shows that cancer obeys the general laws of development. Every point in our conformation, mental or bodily, is, or may be, inherited—disease no less than natural condition. Seeing how frequently the peculiarities of the parents or grandparents are repeated in the descendants, it can be no matter of surprise that their diseases should be transmitted as well. In the case of innocent tumours, surgeons do not, perhaps, make inquiry into the family history of their patient. They will find, if they do, that there is quite as strong a tendency to hereditary transmission of such tumours as lipoma or atheroma as there is of cancer. I may mention a few such, and some of them tend to indicate what I have long suspected, that where a disposition to aberrant growth is transmitted it may show itself in the formation of tumour of a different nature from that seen in the parent.

A woman came under my care at the Middlesex Hospital for cancer of the uterus. She had as well numerous lumps under the skin, apparently fatty; they were movable and painless. There were eighteen in the left arm, and fourteen in the right. There was one in the left hip. The largest was about the size of a small walnut. She was sixty-three years old; and these tumours had appeared when she was sixteen. Her sister, aged sixty-seven, has numerous subcutaneous but tender tumours in the left arm—more than twenty in number,—four or five in the right arm, one in the abdomen, and one in the hip. She has had them for twenty years. The father had had two large movable tumours in the left arm.

Dr. Murchison* mentions a case in which a father and two daughters had been the subjects of fatty tumours.

A gentleman recently consulted me about several tumours which had been developing for years. There was a large one in each buttock, one on the right arm, three on the left, and one in the left palm; they were as hard as cartilage, and movable. His father had had several atheromatous tumours removed from his head. Two of his brothers had had the same, and he himself had some coming forward. His grandfather's cousin had been subject to these head tumours, so that probably the tendency had been inherited from the great-grandparent.

I saw about the same time a gentleman with atheromatous tumours in the head and a large fatty tumour in the back. His father had had a number of tumours removed from the head.

Shortly afterwards another gentleman showed me a cluster of these tumours on the head, and on inquiry I found that his father had had several similar ones removed.

These three last cases occurred to me within a fortnight. I have noted many others in which the parent or some near relatives of those who have had simple tumours have been subject to some form of tumour. The tendency to warts, e.g., is frequently hereditary. We should expect this, knowing that the tendency to disease or peculiarity, gout, rheumatism, insanity, deaf-mutism, early baldness, stammering, and many others, are constantly inherited. Now, if we take the case of atheroma or fatty tumour, for example, we find that, though the individual is born with a tendency to abnormal developments, the tendency remains for years dormant and inoperative, and that then the change, purely local in its nature, first manifests itself. We have no proof here that cancer, which is equally hereditary, may not depend on the development of a blood-poison; but neither is any proof afforded that it may not be as purely local. Some of the cases, indeed, show that we might expect a tendency to cancerous outgrowths in more than one situation, even though the disease were purely local. Experience, however, leads to a different conclusion, since we never find secondary outgrowths of cancer in situations which are the ordinary seats of the primary disease.

With regard to the general contamination of the system by cancer—the cancerous cachexia,—this, as has been said, is not a primary condition: it does not occur until the disease has made considerable advance; it may not occur at all. Cases are numerous of patients having open cancer for years without any appearance of being the subjects of serious disease: they neither lose flesh nor appetite. Again, patients often die from unulcerated cancer, especially of the internal organs; wasting away and becoming exhausted, without showing the characters of the cancerous cachexia. But they also die in the same way from the internal development of enchondroma and fibro-plastic disease. It is in the cases of ulcerated cancer that we see this cachexia most strongly marked. And, no doubt, in these cases the whole of the fluids of the body become contaminated; the continual absorption of so foul a discharge as is there present would quite account for this. We know that the continual discharge from an unhealthy ulcer or a foul abscess will induce destructive poisoning of the system; and we can readily conceive that the discharge from a cancerous ulcer will be far more poisonous, and vitiate the blood to a greater degree and possibly in a special manner. All that can be shown at the most is, that when cancer is formed, and has grown to a certain extent, it may become a source of contamination to the system; but it does not afford the slightest confirmation to the view that the primary seat of cancer is in the blood. Nay, it is evident that this cancerous cachexia must be something very different from any supposed blood-condition which precedes or accompanies the earlier stages of the disease. For, as we have seen, the cancer may exist for years, and no cachexia manifest itself; but if the cachexia once appear death within a short time is inevitable. It is quite clear, then, that this vitiated state

* Edinburgh Medical Journal, 1857.

of the blood, and indeed we may say of all the tissues of the body, is in no sense or at any time the cause of the primary development of cancer, but is always the result of the advanced progress of the disease in time or extent. As a rule, we do not find any special tendency to new growths, even though the system is poisoned by this absorption of effete cancer elements. The expectation of finding this cachexia, as a diagnostic sign of the disease, is fraught with the most serious evil.

There is yet one point in relation to the dissemination of cancer which is, I confess, inexplicable, and which seems, at first sight, to favour the view that, in its secondary stages at least, the disease may be propagated by means of a poisoned state of blood. This is, the remarkable manner in which it may pervade a large part of the osseous system. I do not know that it affects the question of primary blood-poisoning, for I am not aware of any cases in which the peculiar state I allude to has not been secondary, and associated with cachexia. The cases I especially allude to are not those common ones of cancerous tumour of one or more of the bones, causing their fracture. These may be accounted for in the same way as we might account for similar tumours in the muscles, or any other tissues. But we do sometimes get a cancerous wasting of some of the bones, accompanied often by deposits of cancer in other parts of the skeleton. It corresponds, I imagine, with that condition to which Lobstein has given the name of osteolysis, though different in some respects. A case—of which a preparation is in the museum of the Middlesex Hospital—affords a striking instance. The patient had cancer of the breast. Latterly she complained of pains in the back. It was noticed that the trunk was becoming much shortened, but there was no tumour to be detected. After death it was found that some of the vertebræ had so completely disappeared that the intervertebral substance of the adjoining vertebræ, quite unaltered in character, had come into apposition. Others had partially wasted, but there was no deposit in or around them. The sternum and ribs also were the seats of cancerous deposit, while the cranial bones were studded with cancer nodules, which seemed to have their primary seat in the diploe. I have seen one or two instances of the same condition in a minor degree. The softening of the pelvic bones is very common in the latter stages of cancer, and to it may perhaps be attributed those pains which so often usher in the cancerous cachexia, and which somewhat resemble sciatica. There is no doubt that the cancellous structure of bone is often thus the seat of cancerous and other deposit, and of cancerous degeneration. Dr. Moxon showed at the Pathological Society, for example, a very interesting specimen of general colloid cancer of the skeleton, in parts running into the character of sarcoma. The peculiar character of the medulla seems to point to it as a tissue very likely to run into these morbid conditions. The pathology of the wasting of the bone in cancer is yet to be made out. With regard to the especial predilection which is at times seen in diffused cancerous disease of bone, it may be in obedience to some such conditions as determine the formation of neuromata, of which over a hundred have been seen in the same subject, or of the cartilaginous growths on the fingers, or of the multiple exostoses which sometimes exist.

The general conclusion at which I should arrive is, that in some persons, and in some parts, there is a tendency, local in its origin, to the formation of tumours. That this tendency may in some have been implanted in the tissue, even in its embryonic condition, though the actual development may not take place till years after birth; in others, although there may be a disposition to morbid growth, the actual tumour will not be developed unless under some irritation. That the morbid growth having once taken place, it will remain localised, or become diffused in proportion to the facility with which its elements can be taken up and carried off by the structures amongst which it lies. That the period during which these elements may remain dormant is indefinite. That, save in degree, there is no real difference between the malignancy of cancer and that of some other forms of tumour, and that even the line between malignant and non-malignant growth is not clearly defined.

I should place cancer, then, at the top of a scale, at the lowest point of which might be placed the simplest forms of outgrowth identical in structure to the parts amongst which, or from which, they grow. In all cases I should regard the morbid product as the result of undirected or ill-directed growth force, the elements of the structure thus formed possessing, as the natural elements do, the tendency to reproduce their like. Consequently, I should consider that a special condition of blood had no more to do with the formation of a cancer than it had to do with a lipoma or an adenoid.

It may be asked, what is practically gained supposing these views are established? Little or nothing, I admit, with our present knowledge, except this, that we should know the direction in which we should work. In the first place, it is clear that if removal be the practice adopted—and I believe that in all fair cases it is the proper one—the earlier the operation is done the better. This I consider a positive rule. It is true that very early operations are often very unsuccessful, and late ones very successful. But the tumour itself will often tell us why. I have removed tumours from the breast when small, and only just discovered, and have found them highly vascular and juicy, and the tissue around containing minute dark specks of cancer. Such tumours would be very likely to return. Others, which have existed a long time, are hard, circumscribed, contracted, with no glandular infection. In such cases the most satisfactory results might be expected from operation, provided always the operation is widely performed. In cases like those first mentioned the operation might be successful, if the parts around were as extensively removed as they would be in the case of a large tumour existing. I believe I may state from my own experience that the most successful results of removal have followed early and wide operations. Even when the axillary glands are affected, and are removed freely, the patients have lived for many years without return of the disease, as they will at times when enlarged glands are left untouched. And I have no doubt that the use of agents which coagulate the albumen to some depth, and at the same time, or in consequence, act as antiseptics, are beneficial. I still use the chloride of zinc, as I know of none which fulfils these conditions better.

The hypothesis of the local nature of cancer precludes the notion of general treatment with a view to alter the condition which produces it. I do not doubt that by general as by local means an impression may be made at times on the rate of progress; but I am quite sure that no system of internal or external treatment hitherto discovered has the slightest *special* effect. And I do not say this without experience; for, in the hopeless state we are in with regard to the treatment of the disease, I have felt it my duty to try many of the remedies which have from time to time been lauded. They have all done good in one way: they have made the patient hopeful for a time, and that is something. But, so far as any real effect on the disease was concerned, pump-water would have been as useful. One mode of treatment has occurred to me; but I have not had the courage to try it, because I could not answer for the results. They might be unfavourable. Cancer is for the most part, and at its commencement, a disease of the healthy and well nourished. As a rule, I believe that it is best in the early stages rather to keep the patient on a restricted diet than to encourage them to take largely of food and stimulants. They have less pain; and the tumour is, I believe, less active. Could the disease be starved out? Many years ago a gentleman of strong health and iron will told me that he suffered severely from hæmorrhoids. He disliked the idea of operation; and was told by his medical man that if he would starve himself he might obtain a cure. For weeks he kept himself at starvation-point, or nearly so, and the tumours all became absorbed; nor has he been troubled with them since. Hæmorrhoids are not cancers; but the example shows that when the body is feeding on itself it does not spare adventitious growths. One of the most distinguished in this country, since dead, told me that his wife had had cancer of the uterus. He kept her for a length of time on the sparest vegetable diet—just enough to keep body and soul together. The disease disappeared. Years after the cancer reappeared, and destroyed her; but they were then living separate. May the antagonism occasionally observed between tuberculosis and cancer be dependent on the fact that tuberculosis is associated with waste of tissue? These are the slightest possible grounds on which to suggest a mode of treatment which might

prove injurious instead of beneficial. Still I should like to see the experiment tried. It might be made in the case of melanosis in the horse, though I do not know whether that is a true cancer. Still the effect on an abnormal recurrent growth would be worth noting. In order to be efficient it must be tried in a healthy animal, before any general effect on the system is produced by the disease.

Seymour-street, June, 1871.

CASES IN OPERATIVE SURGERY.*

BY E. R. BICKERSTETH, F.R.C.S.,
SURGEON AND LECTURER ON CLINICAL SURGERY AT THE LIVERPOOL ROYAL INFIRMARY.

REMOVAL OF PTERYGO-MAXILLARY TUMOURS BY THE MOUTH.

THE patient from whom this tumour was removed was sent to me by Dr. Munro, of Nantwich, and was admitted under my care into the Royal Infirmary on May 1st, 1871. He is a mechanic residing in Crewe, twenty-one years of age, and of healthy constitution and appearance, although looking a little worn and pulled down when I first saw him. He told me that, about eighteen months previously, his attention was drawn to a slight swelling over the left parotid region, which kept slowly increasing in size, but did not cause him any pain or inconvenience. Three months ago he noticed that a lump was forming on the left side of the fauces, which also slowly grew larger, and caused him to speak thickly and indistinctly, but did not in any way interfere with his respiration or deglutition. It is probable, however, that the tumour had really existed for a much longer period than he stated, for his mother and sister, who accompanied him, had noticed that for several years the youth's articulation had been very indistinct and different from that of any other member of the family. Since they first attracted attention the growth of both swellings was gradual but steady, and at no time did the patient suffer pain. Before seeing me he had consulted several medical men in London and elsewhere, but nothing except constitutional treatment was adopted.

With regard to his condition when first seen, the presence of the tumour materially altered the appearance of his face (see Fig. 1). There was considerable enlargement in the

FIG. 1.

left parotid region, which evidently pushed the parotid gland outward, and caused the lower part of the left ear to be more prominent than that of the right one. By its downward pressure it also caused the left horizontal ramus of the jaw to be on a lower level than the right one, and so produced a corresponding obliquity of the mouth. The left ascending ramus was so pushed outwards that its condyle was seen and felt to project beneath the skin outside the level of the zygomatic arch, while the right one was, at least, half an inch deeper than this process. Owing to this obliquity of the lower jaw the upper and lower teeth did not correspond, those of the lower jaw lying somewhat to the right side of their fellows above. Each time the mouth was opened or shut a click was produced in the joint of the left side.

On examining the interior of the mouth the arch of the fauces was seen to be much contracted and thrown out of shape by the existence of a firm dense tumour in the pterygo-maxillary region of the left side. This, in progress of growth inwards, had pushed before it the lateral wall of the pharynx, and had insinuated itself between the muscles

FIG. 2.

of the soft palate in such a way that the posterior layer of the latter covered it behind, while its anterior layer was tightly stretched over it in front, but was still freely movable upon it. It seemed, as it were, to have thus separated the anterior and posterior muscular laminæ of the velum pendulum palati, thrusting the tonsil inwards and downwards, and pushing the uvula over so that it rested against the anterior pillar of the opposite side. The boundaries of the mass were well defined except at its external portion, where it was evidently continuous with the swelling in the parotid region. It extended inwards considerably beyond the middle line, posteriorly it passed backwards so far that the finger could only with difficulty be pushed up between it and the posterior wall of the pharynx, and superiorly it passed upwards behind the soft palate, so as to encroach somewhat upon the posterior aperture of the nares, but not sufficiently to cause any impediment to the breathing through either nostril. When pressure was made externally over the swelling in the parotid region, the tumour in the mouth was plainly pushed inwards, and manipulation clearly showed that the internal and external swellings were the opposite extremities of the same tumour, and that it was free from any attachment to bone.

Although no urgent symptoms presented themselves, the tumour was obviously increasing, and as it was plain that soon both respiration and deglutition would be seriously interfered with, an early removal of the growth was clearly called for. That this was quite possible was argued from the facts that the history of the tumour and its firm consistence showed it to be undoubtedly of a non-malignant character, while, although deeply seated between the parotid and tonsillar glands, pressure upon its extremities showed that it was freely movable and evidently enclosed in a capsule. The mode by which removal might be accomplished was the subject of anxious consideration. Clearly the tumour could not be attacked from the exterior without division of the lower jaw and extensive mutilation of the soft parts. On the other hand, to attempt extirpation from within the mouth appeared hazardous, and the result doubtful, both on account of the size of the mass and the risk of wounding any of the great arterial or venous trunks by which it was surrounded, and which under the circumstances could hardly then have been secured. Nevertheless, relying on the mobility of the tumour, and the fact that it was cer-

* Read before the Lancashire and Cheshire Branch of the British Medical Association.

tainly enclosed in a distinct capsule, I considered that it might safely be removed from within, if only a sufficiently free aperture could be made in the palato-pharyngeal structures to admit of its passage, and of the finger being insinuated within the capsule of the tumour and worked round the mass. I was, moreover, very hopeful that the enucleation of the tumour from within would be rendered comparatively easy owing to its firm texture, which seemed as if it would admit of its being seized and dragged downwards and inwards by means of strong vulsellum forceps.

The operation was accordingly performed on May 23rd, and it was decided not to complicate matters, already sufficiently embarrassing, by the administration of chloroform. The patient being seated in a dentist's chair and a gag secured in the mouth, Mr. Hakes stood behind and made firm pressure over the external or parotid surface of the tumour, so as to press the mass inwards, and render prominent the part which appeared in the mouth. I then made a direct incision from behind the left posterior pillar of the fauces forwards and upwards through the structures of the soft palate as far as its junction with the hard palate. This incision, which at once exposed and opened the capsule of the tumour to an extent of not less than two inches, was crossed by another at right angles. With the handle of the knife I now pushed back and reflected the flaps so as fully to expose the whole of the portion of the tumour which projected into the mouth. This was seized with large vulsellum forceps, but, to my great disappointment, I found the growth of so friable a nature that it crumbled under the pressure, and consequently all hope of assistance by this means was abandoned. I had, therefore, to rely solely on the use of the forefinger of the left hand aided by pressure from the exterior. After a few minutes' persevering effort, I had apparently separated all except the deepest attachments in the neighbourhood of the condyle of the jaw; and then, owing to the pressure to which the tumour was subjected by the presence of the finger in this contracted space, it broke off against the sharp edge of the posterior margin of the hard palate, and nearly one half of it came away through the mouth. After waiting a few moments for the patient to recover breath, I renewed my efforts on the remaining portion, and speedily succeeded in turning out the whole of what remained. Not more than a drachm or two of blood was lost, and no vessel required ligature. On putting the finger into the chasm from which the tumour had been extracted, it was found to pass behind the articulation of the jaw, and there appeared to be nothing except the skin and fascia between it and the exterior. The great arteries of the neck and the styloid process and pterygoid plates were easily felt, the latter being laid bare but not denuded of periosteum.

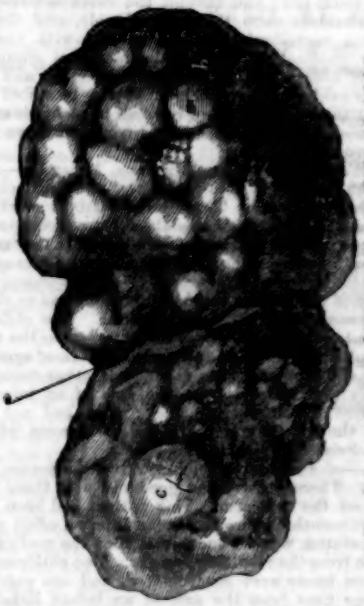
The after-history of the patient is soon told. For a day or two there was great difficulty and pain in swallowing, and some redness and tenderness over the parotid region and left cheek; but these soon disappeared under the em-

FIG. 3.

ployment of gargles of chlorate of potash and chlorinated soda, and linseed-meal poultices. On May 31st, eight days after the operation, the patient was discharged cured. The incisions in the interior of the mouth were completely healed up, and deglutition was performed easily; while there now remained but few traces of the previous deformity of the face, and the patient's speech had become clear and distinct. Fig. 3 is copied from a photograph taken shortly after patient's discharge.

The tumour was about 3¼ inches in its longest diameter, and weighed between 3¼ and 4 ounces. Its external appearance is very accurately delineated in the woodcut,

FIG. 4.



a, Deep cleft separating parts of tumour which respectively projected into mouth and passed outwards. b, Part passing behind ramus of jaw. c, Part which projected into mouth.

Fig. 4. It was enveloped in a distinct investnig capsule, and microscopic examination showed that it was mainly composed of very perfect cartilage, with a good deal of fibrous tissue intermixed. The preponderance of the soft cartilage over the fibrous tissue prevented its being tough and rendered it to a certain extent friable, which accounted for it breaking down so readily when grasped by the teeth of the vulsellum.

(To be concluded.)

ON

REVACCINATION BY SECONDARY LYMPH.

BY J. B. BARBOUR, M.D.,

PHYSICIAN AND MEDICAL SUPERINTENDENT OF THE METROPOLITAN FEVER HOSPITAL, STOCKWELL.

Is secondary lymph of equal value with primary in protecting from small-pox? That is to say, is the lymph taken from a vesicle produced by a secondary vaccination as effective in protecting the system from an attack of small-pox as that taken from a vesicle the result of a primary vaccination? The answer to this question is by no means agreed upon: not a small section of the medical profession believe that one is as good as the other. The subject was brought before at least one medical society lately, but the discussion seems to have been barren of any practical result, nothing in the shape of experimental evidence having been offered on either side.

Everyone who does not shut his eyes to the logic of facts—every man who is accustomed to note the connexion between cause and effect, must believe in the protection from small-pox afforded by vaccination. It is therefore of vital importance, not only for the present time, but

for all time, that the operation should be efficiently done, and that the lymph used should be of the necessary quality to ensure the desired protection. So far as I know, no experiment has as yet been made for the purpose of ascertaining the comparative value of the two kinds of lymph under consideration, though such an inquiry could, and most certainly should, be made in the present unsettled state of the question. A few cases have come under my observation lately, which, so far as they go, seem to show the inadequacy of lymph taken from a secondary vaccination to protect from small-pox; and though the cases are few, they are in themselves none the less valuable, and they are offered as a contribution to the subject with the hope that their publication may be the means of stimulating inquiry and observation in the same direction and eliciting further evidence on the point. It may be stated at the outset that the following cases have all been vaccinated by the same medical man, and suffered from small-pox within the past two months.

The first case observed was a woman, Agnes P——, aged thirty-eight, admitted with small-pox of a hæmorrhagic type, of which she died. Three large distinct marks were observed on the left arm, the result of a revaccination performed three months previously with lymph taken from the arm of an adult person who had been successfully vaccinated when young. Her mind was perfectly clear on admission, and the history of the family, voluntarily made, was so striking that it was carefully noted at the time. One child, who was vaccinated successfully from the same arm as the mother herself, had just recovered from a bad attack of small-pox. Two other children had been taken to another doctor, and successfully revaccinated from the arm of an infant five weeks before the mother's attack; they had not taken small-pox, though they slept in the same room with the mother and sister already referred to.

Kate R——, aged sixteen, admitted with a severe attack of variola. There were three good old and three recent cicatrices on the left arm. This patient had been revaccinated two months before admission from an adult person, and the operation was so successful that the medical man took lymph from the resulting vesicles. Two children living in the same house were revaccinated, and one vaccinated at the same time from the arm of an infant living next door. Not one of these has taken small-pox, although, as already stated, they lived, together with Kate R——, in the same infected house.

Thomas M——, aged nineteen, had been revaccinated five weeks before admission, and presented four good marks from his primary and two from his secondary vaccination. The doctor took lymph from the vesicles, remarking that "it was a very good arm, and had taken very well." Patient described the "blisters" as being large. He had a mild attack of small-pox.

Agnes T——, aged fourteen, admitted with a mild attack of variola. She had five good old cicatrices on one arm and three good recent ones on the other; the latter the result of vaccination, a month previous to this illness, by lymph taken from a person who had been successfully vaccinated when young. Matter was taken from the arm.

Eliza C——, aged seventeen, admitted with a mild attack of small-pox. There were three large old cicatrices, and three smaller but perfectly distinct ones on the same arm the result of vaccination three years before. It cannot now be ascertained from whom the lymph was taken with which this patient had been vaccinated, but it occurred in the practice of the medical man already referred to; and he took lymph both from her arm and that of her sister, who had also been vaccinated from the same source. The presumption is, therefore, that in this case, as in the others, secondary lymph had been used. The sister has since been in the country out of the way of small-pox.

Thomas and George H——, aged respectively thirteen and seven, had been vaccinated two months prior to admission. The former, whose arm showed three good old cicatrices and a good recent one, had a very mild attack of small-pox; while the latter, who had not been previously vaccinated, but had two good recent marks, suffered from a very severe attack of a confluent character.

Charles R——, aged three years and a half, was vaccinated "successfully," according to the opinion of the medical man in attendance, two months previous to the present attack. "One large" vesicle resulted. The rash was so abundant that the cicatrix was not visible at the time of admission.

While writing, in addition to the above, Frank G——, aged twenty-five, has been admitted suffering from a smart attack of variola. This patient states that he was revaccinated by the same medical man about March last, and that "three out of the four places took well." Only two small recent cicatrices can be distinguished, the variolous eruption perhaps obscuring the third; and there is one very large old cicatrix, the result of primary vaccination.

These facts speak for themselves. It is true that in one or two of the cases I have not had an opportunity of proving that secondary lymph had actually been used. But when it is considered that the same man vaccinated the series; that no single case of small-pox following a successful recent vaccination by any other medical man has been admitted into this hospital during the present epidemic, and further, that in almost every case lymph was taken from the vesicles produced and known to be secondary,—I hold that it is in the highest degree probable that the lymph used in each case narrated was secondary and of the same kind; and that they may all therefore be taken as affording unimpeachable evidence that successful vaccination by secondary lymph *does not* protect from small-pox. Another equally important conclusion can be drawn from the history of the first two families—namely, that successful vaccination by primary lymph *does* protect from small-pox.

It is worthy of remark that a number of these patients, who had been undoubtedly well vaccinated, were comparatively young. In five of the cases the average age was 15·8 years, the lowest being 13 and the highest 19; and each of these five bore decided evidence of successful primary vaccination, the smallest number of good old cicatrices in any one case being three, and the largest five. The protective influence of vaccination has thus worn out in a period extending from thirteen to nineteen years. Of these five cases only one is noted as "severe," the others being "mild" attacks.

In no case was the cicatrix following the secondary vaccination equal to that resulting from the primary. In some it amounted to nothing more than a deep-red mark; and in others, where a cicatrix had been formed, it was superficial; but in all, the evidence of successful revaccination was conclusive.

July, 1871.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

FRACTURE OF OLECRANON IN BOTH ARMS; ONE TRICEPS WASTED AND PARALYSED, THE OTHER OF GOOD STRENGTH; PARTIAL RUPTURE OF TENDO ACHILLIS.

(Under the care of Mr. HUTCHINSON.)

WM. B——, aged twenty-seven, was admitted on account of suppurative inflammation of a subcutaneous bursa over the right elbow following a fall on that part. There was at first some doubt as to whether or not the abscess communicated with the elbow-joint. The fluid was unmistakably synovial; but, as the movements of the elbow remained perfect and could be effected without pain, and the swelling was confined to the back of the joint, Mr. Hutchinson concluded that the synovial fluid came only from a subcutaneous bursa. The case was interesting from the fact that the patient had fractured the olecranon process on each side, and (as he stated) ruptured the tendon of his calf; these accidents had all happened several years before.

Ten years before admission he fractured the right olecranon by falling on his elbow from the rigging of a ship, a height of about ten feet. He says that the "bones were separated" immediately after the accident. He went to a doctor and had the arm put up in splints in a straight position. He kept it so for three weeks and then took the splints off, not having seen the doctor again. Since that time he has had no power to lift the arm straight into the air above his head; the forearm falls into extreme flexion as soon as its centre of gravity gets to the proximal side of the elbow.

The triceps of the right arm was found to be wasted and quite flabby; when he tried to straighten the arm that muscle did not act in the least. The upper fragment of the olecranon was separated by at least an inch from the lower one.

Five years later he fractured his left olecranon by a somewhat similar accident, falling about four feet. He thought that the bones were separated as widely in this instance as in the first accident. It was kept straight in splints for six weeks, after which time he soon regained perfect use of the arm. The upper fragment was found to be movable on firm pressure, but he had perfect use of his triceps, and this muscle was apparently quite strong. The fracture appeared to have been oblique, and there was strong fibrous union.

He met with a third accident, in which he probably ruptured the tendo Achillis on the right side, about eighteen months ago. He jumped off a table, and on alighting felt as if something had struck his right calf. On examining it he found a little "dent," into which he could put his finger. He could not walk by himself, but could limp along with help. He rested in bed for a fortnight, and had the leg bandaged, but no pains were taken to extend the foot. After this treatment the "dent" had disappeared, and he found himself able to walk as well as on admission. There was found, on careful examination, a slight swelling at the junction of the lower and middle thirds of the calf, or perhaps rather higher than that point. On this swelling being pressed, the patient complained of pain. No such swelling could be felt in the opposite calf at the corresponding part.

The right calf measured about half an inch less in circumference than the left. The wasting was quite perceptible to the touch, and seemed to involve chiefly the inner part of the gastrocnemius, for when he put the calf muscles into action it was that part which remained flabby, while apparently the soleus could be felt to act beneath it. Possibly the rupture had involved only the tendon of the gastrocnemius before its junction with the soleus. The calf of this leg was considerably weaker than that of the other, so that he could not stand on tip-toe on the corresponding foot. He always limped with the left foot.

In commenting on this case, Mr. Hutchinson observed that no cause was assignable for the occurrence of these injuries. The man appeared to be in robust health in every respect. He had never had fracture of other bones. The case illustrated the common result after fracture of the olecranon — non-union of the bone. In one instance the uniting medium was strong, close, and fibrous; in the other it allowed of wide separation, the end of the bone being pulled up behind the joint. No doubt this difference of result was in large measure due to the too early use of the right limb, and to neglect of proper precautions in the treatment. It was not, he thought, usually difficult to secure close union after these fractures, although very difficult to get actual bone. In the left arm, the close, fibrous union had rendered the bone almost perfect as regards its uses; the triceps had not atrophied, and the man could use it well. Probably the fracture was oblique, for in the extended position the fragment became fixed, and no motion could be detected.

It was also of interest to notice that absolute atrophy of the triceps on the right side by no means disabled the arm. In this respect the case was parallel to what happens after atrophy of the quadriceps extensor of the thigh. The man asserted that he could use his arm well for everything that did not require him to lift it straight up in the extended position, and he followed a laborious occupation without discomfort. The reason why a muscle should atrophy in consequence of non-union of the bone into which it is inserted, was, Mr. Hutchinson observed, not quite obvious; but he had repeatedly noticed this result to follow badly-united fractures of the patella, and sometimes very good ones. He had never before noticed it after ununited fracture of the olecranon.

WEST LONDON HOSPITAL.

ACUTE LARYNGITIS; TRACHEOTOMY; RECOVERY.

(Under the care of Dr. ROGERS.)

FOR the notes of the two cases subjoined we are indebted to Mr. Harrison, the house-surgeon.

Although in the following case it was stated that one of the patient's children was liable to a rash on the nates which came and went, Dr. Rogers was of opinion that the laryngeal affection was not due to syphilitic poison; on the contrary, he attributed it to the fact of her being subject to great and frequent atmospheric changes in the course of her occupation as a laundress. He thinks that the laryngeal mucous membrane was thickened, that a proportion of the thickening was due to a condition which had become permanently established, and that the cartilages and membrane were quite free from specific ulceration. He therefore discouraged the use of iodide of potassium, and confined his plan of treatment to careful attention to the condition of the tube, and the administration of good food.

The patient was a married woman, twenty-three years of age, the mother of two healthy children. Her family appeared to be healthy. She had caught cold twelve months since, and attended for three months with aphonia at St. George's Hospital. Her general health improved; but her voice did not return. She continued at work until two days before her admission, which occurred about 2 P.M. on the 10th of June.

On admission she was suffering from spasmodic dyspnœa. Her features were pale and drawn, and the face was covered with perspiration. She complained of pain and constriction over the larynx, and could only speak in a whisper. There was a husky, convulsive cough, with expectoration of offensive mucus. The pulse was 134 and weak; the tongue furred. She was ordered a grain of opium and one-sixth of a grain of tartarated antimony every four hours, and warm flannels to the throat. In about half an hour she derived some relief from vomiting nearly two ounces of muco-purulent matter.

Five hours after admission she was ordered an emetic of sulphate of zinc; to be repeated if necessary. Two hours later there was more dyspnœa, with convulsive cough and inability to swallow; the pulse 140, and very feeble. About ten hours after admission she was found to be in a semi-recumbent posture, with livid face and lips, anxious countenance, suffused eyes, and œdematous throat. On the trachea being opened, under chloroform, by Mr. Harrison, a large quantity of stringy and most offensive mucus was ejected. The relief was immediate, but for four hours there was great difficulty in keeping the tube pervious, and the breathing was carried on by jerks, which followed each other at long intervals. At the end of this time it became tranquil. Though at first spasms occurred occasionally, and large quantities of the same offensive mucus poured from the tube, the patient passed good nights, and steadily improved. The voice remained somewhat husky; but on the twenty-first day the wound had almost entirely closed, and the patient went into the country for change of air.

PERFORATING ULCER OF THE DUODENUM.

The following case may be advantageously compared with two cases recorded in these columns as occurring at St. George's Hospital—the one in THE LANCET of Feb. 8th, the other in that of March 18th. The latter resembles the present case in the suddenness of the onset of gastric agony after comparatively mild premonitory symptoms; but all three agree in the essential pathological features. It is not a little remarkable that each of the three patients was seized with the disease at the age of fifty-six.

Dr. Rogers points out that the patient had not suffered constant pain for more than fourteen days, and that the amount of dyspepsia could have afforded no early indication of the existence of ulceration. He suggests that in all similar cases, on the first appearance of coffee-ground ejecta, or on the occurrence of great reluctance to take food, it would be well to administer frequent nutrient

enemata, and to restrict drug-treatment to the hypodermic injection of morphia, in order to afford an undisturbed opportunity for reparative effort.

W. C——, aged fifty-six, a bootmaker, and a well-built man, was admitted with severe abdominal pain, most acute in the epigastric region. He had felt this pain, which had been accompanied by occasional vomiting of dark-coloured fluid, for about a fortnight. He continued, however, to work at his business, but scarcely dared to touch his meals.

On the day of admission he was suddenly seized in the street with severe spasm across the stomach, and fell to the ground. He was brought to the hospital by the police. As he was being carried in he vomited a large quantity of dark coffee-ground fluid. The epigastric pain was increased on the slightest pressure; the pulse was 80, and very weak; the tongue deeply furred in the centre, and its edges very red. Free action of the bowels had taken place on the preceding day. He was ordered twenty minims of the liquor morphiæ every four hours.

During the first night the morphia seemed to afford some relief. The vomiting of dark-coloured fluid continued, the pulse was 88, and the extremities were cold. The second night was passed in great agony, the severest pain being referred to the region of the cæcum. A few leeches were applied to the part, without much hope, and without any other result than the gratification of the patient's earnest desire that something should be done. The vomiting persisted obstinately until ten o'clock in the evening. Early on the following morning the patient died, having retained his intelligence to the last.

The post-mortem was made by Mr. Harrison thirty-three hours after death. Flakes of lymph were found on the surface of the stomach, and the small intestines were everywhere glued together. A quantity of most offensive yellow puriform matter was collected in a cyst formed in the layers of the great omentum; and at the very commencement of the duodenum, on its anterior surface, was a perforating ulcer about the size of a pea, with clean edges, which were not thickened, but bevelled off from within outwards.

SEAMEN'S HOSPITAL, GREENWICH.

NOTES ON FIFTEEN CASES OF CHRONIC DYSENTERY.

(Communicated by Mr. W. C. S. CLAPHAM, House-Physician.)

THE following fifteen cases of chronic dysentery, most of which were under the care of Dr. Stephen H. Ward, have been treated during the last six months at the Seamen's Hospital, and serve to illustrate the value of rest and careful dieting in combating this disease. All the men but one considered their disease as originating from drinking impure water, the exceptional one attributing it to getting wet, but acknowledging that the water on board was bad at the time. The "bad water" theory receives weight from the fact that Calcutta, which is responsible for more cases of chronic dysentery than any other place abroad (nine-tenths of all cases admitted during the last ten years being from this port), is notorious for the impurity of the water there supplied to ships' crews.

The stools in these cases were accompanied with the usual tenesmus and loss of blood, more blood being lost during the day than during the night, no doubt from the mechanical irritation caused by the food taken in the daytime passing over the diseased surface. The number of stools, on the other hand, is much larger during the night. Thus a patient passing twenty stools in the twenty-four hours will pass sixteen or seventeen of them between 8 P.M. and 8 A.M. next morning, and then go through the day comparatively free. This nocturnal visitation some account for on the ground that the patients receive no medicine during the night; but when it is remembered that these cases were treated on the "placebo" scheme, this theory cannot be much relied on.

Mr. Clapham tried the effect on one patient of letting him have his medicine (placebo) every four hours throughout the twenty-four without effecting any diminution in the number of the stools. He thinks that a more rational explanation may be deduced from the circumstance of the temperature being lower at night, cold having a very deleterious effect on patients suffering from this disease. Another troublesome symptom is flatulence, which is best relieved by drinking something warm, such as tea. In two bad cases he met with retention of urine, necessitating the introduction of a catheter. The urine is usually normal. The dry, glazed tongue was well marked in all these cases, and is, Mr. Clapham thinks, almost pathognomonic of chronic dysentery.

The prognosis is decidedly favourable if the patient has not had a previous attack.

The treatment adopted, and which has been termed "placebo," is identical with that recommended by Mr. Harry Leach in the *Practitioner* of December last. It consists in administering ten minims of compound tincture of lavender in an ounce of water three times a day, with a morphia draught at night if required, and a dose of tincture of opium and castor oil (fifteen minims to the ounce) every few days if the straining is excessive. The diet consisted of milk, bread, tea, beef-tea, and arrowroot, and occasionally a little sherry. The horizontal position was strictly enforced.

The following table shows where the disease was contracted, its duration on admission, the duration of treatment in hospital, and the result in each case.

Age.	Where contracted.	Duration of illness.	Duration of treatment.	Result.
19	Baltic	14 days* ...	9 days	Cured.
58	China	4 months ...	19 days	Cured.
23	Tangarog, Black Sea	6 months ...	10 days	Cured.
48	China	15 months ...	29 days	Cured.
23	Calcutta ...	6 months ...	8 days	Cured.
30	Calcutta ...	3½ months ...	30 days	Cured.
23	Calcutta ...	7 months ...	43 days	Cured.
38	Shanghai ...	1 month* ...	17 days	Cured.
25	Calcutta ...	7 months ...	9 days	Cured.
24	Hong Kong	15 months ...	15 days	Cured.
27	St. Kitt's, W.I.	6 weeks ...	8 days	Cured.
34	Calcutta ...	8 months ...	72 days	Died.
32	Tangarog, Black Sea	8 months ...	18 days	Cured.
30	Sidney ...	3 months ...	10 days	Cured.
28	Calcutta ...	8 months ...	24 days	Cured.

* Second attack.

All these men were treated on the above plan, with the exception of camphor and opium being administered for two days to No. 13, with, however, so bad a result as to necessitate its being scored off at the end of that time. Some little variation of treatment was also allowed in the case of the patient who died. From the above table it will be seen that the average duration of illness on admission was a little over 6½ months, and the average duration of treatment in hospital was a little under 21½ days.

The post-mortem appearances found in the case of John O—— (No. 12) were as follows:—*Thorax:* Lungs healthy, but anæmic. Heart normal.—*Abdomen:* The large intestines, from the rectal side of the ileo-cæcal valve to within an inch of the anus, presented a number of large ulcers, involving the two internal coats of the bowel, of various sizes. Most of them were ovoid in shape, with well-defined margins. There was more of diseased than of healthy surface in the colon. One large ulcer in the transverse colon extended quite round the gut. The ascending colon was most affected. Disease was limited above by the ileo-cæcal valve, the small intestines being quite healthy. Liver congested and fatty. Pancreas somewhat thickened. Other organs healthy.—The weight of the viscera was as follows: Right lung, 15½ oz.; left lung, 11½ oz.; heart, 10½ oz.; kidneys, 10 oz.; spleen, 10 oz.; liver, 4 lb. ½ oz.

WE hear that Asiatic cholera has broken out in the Russian town of Riga, and that several cases have been reported. A cholera hospital has already been established for the reception of cases arising among the merchant sailors. This step has been taken by the Riga Chamber of Commerce.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

JULY 5TH, 1871.

DR. BRAXTON HICKS, F.R.S., PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected Fellows of the Society: Dr. Hugh Miller (Glasgow), Mr. Robson Roose (Brighton), and Mr. Fredk. Turton (Wolverhampton).

Mr. CURGENVEN exhibited a Knotted Umbilical Cord.

Dr. PROTHEROE SMITH showed a new Expanding Cylindrical Speculum Uteri. It consists of a truncated cylinder divided longitudinally at its upper third into four hinged blades. At the centre of each hinge a vertical sliding rod is affixed, having a deep notch at its inferior extremity. The base of the cylinder is surrounded by a movable ring or rim, within which are placed four small wedge-shaped springs corresponding with the notches already mentioned as belonging to the vertical rods. This ring is rotated by the handles of the speculum when pressed together, the effect being to force the wedge-shaped springs within the notches of the vertical rods, and thus by drawing down the rods to produce lateral expansion of the blades. One or more of the blades may be left stationary, whilst the others are expanded; or any of the blades may be made separately to collapse or expand at will.

Dr. HEYWOOD SMITH said that this speculum, when expanded, not only drew forward the cervix uteri, but revealed the whole of its external aspect, as well as afforded a free view of the cul-de-sac all round the uterus.

Dr. WHITEHEAD exhibited two instruments for producing vesication previous to vaccination, the one with ammonia, and the other with boiling water or the flame of a spirit lamp.

Dr. HEYWOOD SMITH exhibited a Marine Vaginal Irrigator, which had been given him by an instrument maker. It was made of gum elastic, closed at one end, and closely perforated with holes to permit the passage of the sea-water into the vagina during bathing.

Dr. BARNES said a similar contrivance had been shown at the exhibition of obstetrical instruments.

Dr. BARNES read a note on the Rupture of an Intra-peritoneal Hæmatocele into the peritoneal cavity. One case was recorded by Dr. West, and another as having occurred in Seyfert's practice; but the occurrence was so rare that Dr. Barnes adhered to the opinion expressed by him at the preceding meeting, that puncture was required only when toxæmic symptoms, consequent on an unhealthy change in the blood-clot, manifested themselves.

Dr. PROTHEROE SMITH related three cases, in each of which, after the sudden disappearance of a retro-uterine tumour, severe peritoneal symptoms became developed.

Dr. PLAYFAIR read the particulars of a case of Sudden Death in the Puerperal State. Although no post-mortem examination was permitted, the symptoms were characteristic of death from pulmonary thrombosis. The patient was a typically healthy woman, but when convalescent from her confinement had a slight attack of pleurisy. Dr. Playfair believed that this increased the hyperinosis already existing, and he concluded that inflammatory affections in the puerperal state, though they might not be severe in themselves, were for the above reason to be much dreaded.

Mr. SCOTT had in his recollection three cases proving the danger of the occurrence of inflammation in a system previously debilitated by illness. In each of the cases peritonitis supervened, and death occurred suddenly after slight exertion in bed. On a post-mortem examination a distinct clot was found in the pulmonary artery.

Dr. ROUTH asked if the heart had been examined, as the symptoms might have been those of cramp or spasm of the heart. In such a case it would probably be advisable to prescribe alkaline salts, such as the subphosphate of soda, and especially ammonia.

Dr. WILTSHIRE inquired whether the urine had been examined, seeing how frequently pleurisy was a complication of Bright's disease. The hyperinotic condition of the blood was probably suddenly increased by the hearty breakfast of which the patient had partaken shortly before death.

Dr. TILT read a paper "On the Diagnosis of the least known varieties of Uterine Inflammation." The author admitted that all the uterine tissues were inflamed in superacute, in acute, and in chronic metritis, and he explained by what signs these three varieties of metritis might be recognised; mentioning that, while the acute variety was very rare, the chronic was a disease of frequent occurrence. Dr. Tilt believed that one of the uterine constituents could not be long inflamed without the adjacent tissues becoming more or less diseased, and that in the cases called internal metritis, or endometritis, because inflammation of the lining membrane of the womb was their leading pathological condition, there was often a thickening of the uterine walls, to be explained by congestion in most cases, and occasionally by inflammation. In the more chronic stages of internal metritis the uterine walls were said to become thinner, and to be softened by fatty degeneration, a circumstance that should teach caution in the use of the uterine sound. The author discussed the symptoms of internal metritis, and he was thereby led to deny that fundal metritis—that is, inflammation of that portion of the endo-womb which lies between the insertion of the Fallopian tubes—had any particular symptoms by which it could be distinguished from ordinary cases of internal metritis. Dr. Tilt asked the Fellows to compare Dr. Routh's cases of fundal metritis with those he had himself published in his work on Uterine Inflammation, promising that they would find the same liability to metrorrhagia and to purulent discharges capable of becoming intensely acrid, the same tendency to obstruction to the free exit of the fluid secreted in the body of the womb, and the same kind of very acute uterine pain, aggravated by any kind of pressure, whether made by the finger or the uterine sound, of which Dr. Tilt reprobated the use in acute metritis.

After some remarks by the PRESIDENT,

Dr. PLAYFAIR said that, although he did not doubt that often the body of the uterus was largely involved, he considered Dr. Tilt underrated the importance and frequency of morbid conditions of the mucous membrane lining the cavities of the cervix and uterus. Grave alterations were very generally present in such portions of the mucous membrane as were accessible to sight, and it was reasonable to infer that, by continuity of tissue, similar alterations existed in the more deeply seated portions of the mucous membrane. He believed that all who had tried intra-uterine medication in such cases would bear witness to its remarkable curative power. The application was easy, as the os uteri was always morbidly patulous, and one of the first symptoms of improvement was the closure of the os.

Dr. HENRY BENNET said that arrest of uterine irritation was much more frequently the cause of an increased size of the uterus in child-bearing women than actual inflammation. It was also a frequent mechanical cause of uterine displacements and flexions of all kinds. For many years he had carefully weighed the uteri of all the child-bearing women who died under his care, and found that in all who presented lesions of the cervix, subsequent to parturition, the uterus had not returned to its natural weight. Dr. Bennet thought Dr. Tilt was scarcely warranted in saying that internal metritis in non-parturient women was a common disease. If confounded with inflammation of the mucous membrane lining the cervical cavity, of course it would appear to be common. The principal diagnostic signs of internal metritis, in his experience, were, a patulous state of the os internum, an aggrandised state of the uterine cavity, and a muco-sanguinolent discharge. The inflammation, when it extended to the uterine cavity, seemed to paralyse and relax the cervical muscular fibres, which constitute what he had termed the sphincter of the uterine cavity.

Dr. ROUTH said that in these cases of enlarged uterus with internal metritis it was the fundal portion which increased, and he believed it to be contrary to clinical observation to deny that this part might be exclusively attacked with inflammation. The nervous supply of the fundus uteri, derived from the renal plexus, and being indirectly connected with the semilunar ganglia, was *à priori* evidence that we might expect more general and severe symptoms than when the body of the uterus only or the cervix was attacked. He could not agree with Dr. Bennet that because disease of the uterus was cured by

active measures to the cervix, therefore the disease was in the cervix. Blistering or canterising the cervix relieved, not only the cervix, but the whole organ. The internal os was occasionally liable to severe inflammatory lesions, attended with agonising pain, and such cases were, he believed, incurable.

Dr. FORDYCE BARKER, of New York, assented to most of the statements and doctrines in the paper. But although it was generally believed that acute non-puerperal metritis was a very rare affection, he suggested that cases of sudden suppression of the menses, attended with intense uterine pain and other pelvic symptoms, with fever, quick, hard pulse, headache, and sometimes more or less cerebral disturbance, were not very rare, and that they really were cases of acute metritis, which terminated frequently by resolution, leaving no permanent lesion of the organ. Dr. Barker could hardly understand the term fundal endometritis. The distinctions between inflammation of the lining membrane of the cervix and that of the body of the uterus could readily be understood, as the histological and physiological differences between the two membranes were now accepted in science. But if the term fundal endometritis implied a difference which could be recognised, and required different therapeutical measures from chronic inflammation of other parts of the body of the uterus, he could not as yet comprehend it. He would ask whether pain was not the most fallacious of all symptoms in establishing the existence or the character of uterine disease. Again, as regards the pain produced by the introduction of the sound in the so-called fundal endometritis, was it not the usual fact that on the first introduction of the sound, when the point reached the fundus, pain, sometimes very severe and persistent, was complained of; while in the same persons a tolerance of the instrument was acquired after it had been used a few times?

Dr. PROTHEROE SMITH fully recognised the active metritis described by Dr. Barker. Regarding the uterine canal as a whole, consisting of vagina, cervix uteri, body, fundus, and Fallopian tubes, there were, he believed, corresponding differences in the symptoms marking the occurrence of inflammatory and catarrhal affections of these different parts. When the tubes were primarily affected, the discharge was watery and colourless and ejected spasmodically with painful expulsive efforts, whilst when the cavity of the fundus and body was attacked it would be productive of considerable supra-pubic pains and irritable bladder, and at first the discharge would be thin and often tinged with blood. Again, the glairy secretion, tumefaction, and everted uterine lips marked similar affections of the cervix. Yet all these, if allowed to run their course, soon merged into one disease affecting the entire canal.

Dr. TILT, in reply, said that he could not see how he could express himself more strongly than he had in appreciation of the value of treatment directed to the cervix, but he often found that this was insufficient to cure chronic metritis and internal metritis, and he believed that the future improvement of uterine pathology lay in the study of the inflammatory diseases of the body of the womb. With regard to his dissent from the views entertained by Dr. Routh respecting fundal endometritis, Dr. Tilt said the whole question was now placed before the profession, and he confidently left it to the decision of future observers.

Reviews and Notices of Books.

Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques. Tome xiii. Em to Erg. Avec 139 Figures. Paris: J. B. Baillière. 1870.

NOTWITHSTANDING the dislocation of all ordinary business that has long existed in the capital of France, the able editor (Dr. Jaccoud) and the enterprising publisher (M. Baillière) of this great work, have, we are glad to find, been able to collect from their coadjutors the articles which compose the present volume, and which are of considerable interest. They are — Ergot, by M. Bailly; Erectile Organs and Tumours, by M. Boeckel; Enghien and Ergotisme, by M. Desnos; Endoscope, by M. Desormeaux; Encanthis, by M. Desprès; Ephelides, by M. Hardy; Engelure, by M. Heurtaux; Endermic Method, by M. Hirtz; Endocardium and Endocarditis, by M. Jaccoud; Encephalon (Medical Pathology of), by MM. Jaccoud and Hallopeau, (Surgical Pathology of), M. St. Laugier; Endemics, by M. Lorain; Entozoa (Anatomy of the), by M. Léon Vaillant, (Pathology of), M. Luton; Epistaxis, by M. L. Martineau; Shoulder, by M. Panas; Epithelium, by M. Ranvier; Encephalocele, by M. St. Germain; Epilepsy, by M. Voisin. Of these the chapters on the Encephalon, Endocardium, Entozoa, and Shoulder are the longest and most important.

The Affections of the Encephalon are discussed under the two heads of surgery and medicine. No anatomical details are given; but the author of the surgical section, M. St. Laugier, plunges at once into the subjects of concussion, followed by an account of its wounds; a description of intracranial abscess; and a section on foreign bodies in the brain and fungous tumours of the dura mater. The consideration of diseases of the meninges is postponed.

In discussing the treatment of severe injuries to the head, as by sabre cuts, in which the skin and bone have been reflected so as to expose the dura mater, M. St. Laugier, after relating the remarkably successful case given by Paré, in which the skin and bone were both replaced and reunited perfectly, observes that the modern treatment consists in removing the separated portion of bone and replacing the skin, since in by far the greater number of cases the bone will not reunite. In cases of violent shock (commotion) the brain is stated to be speckled with minute hæmorrhages. He makes three degrees of shock. One, such as is produced by jumping from a short distance unexpectedly, in which the individual is stunned, but does not quite lose consciousness. The second, in which there is temporary loss of consciousness, followed by vomiting and general prostration, large and immovable pupils, the pulse small and slow, falling in some instances to twenty or even ten beats per minute, and slow and feeble respiration; the patient retracting the limbs if pinched. The third, in which the patient is stunned like an animal in an abattoir, and presents only a few convulsive movements indicating the presence of life. So severe a shock as this is usually fatal. In all of these it is the organ of the intellect that essentially suffers, the medulla oblongata, pons, &c., escaping, except in the last degree, as is shown by the persistence of their functions. M. Laugier believes that cerebellar shock may exist alone, or with only very slight cerebral shock, and that it may be diagnosed by the loss of voluntary control over the muscles of the limbs. A capital *résumé* is given of the indications for trephining, on which M. St. Laugier expresses himself very decidedly. "In coma," he says, "we must wait; in convulsions, we must rarely or never operate; in hemiplegia, either simple or complicated, with partial convulsions, we must operate always, or nearly always, and at an early period. We must operate if to cerebral hæmorrhage is superadded a compound fracture; and if, after the bone is removed, no extravasation is found, a bistoury may be fearlessly passed into the outer layers of the cerebrum if an abscess be supposed to be present. Lastly, in all cases of doubt, operate." Some remarkable cases of injury to the cerebrum, extracted from various quarters, are recorded. The medical pathology of the encephalon is, as might be expected, by far the longest, extending over nearly 150 pages.

In the article on Endocarditis the learned editor shows his familiarity with the literature of the subject by the numerous quotations he has given in reference to every point of interest, not only from the writings of his own

countrymen, but from Kirkes, Stokes, Watson, Bellingham, and a vast array of German authors. He remarks, at the conclusion of his account of the pathology of acute endocarditis, that "it is the paresis of the heart which constitutes the actual danger of endocarditis, as valvular lesions form the ultimate danger." He observes also that the "functional disturbances and subjective symptoms of endocarditis have no characteristic features, and that most of them appear either isolated or combined in other diseases of the heart and of its envelopes, or even in the affections of distant organs. It is then upon the physical signs alone that a diagnosis can be founded, for the antecedent symptoms can only furnish presumptions on the nature and seat of the lesion." This is in accordance with the observation of Stokes, that the symptoms of pericarditis and of endocarditis so closely resemble one another that they can often only be distinguished by auscultation and percussion. The signs recognised by these means are remarkably well given. M. Jaccoud admits the existence of presystolic bruit in mitral disease, and has carefully collected the numerous secondary affections that result from the infarction of different arteries by the detachment of vegetations, as pneumonia, swelling and inflammation of the spleen, acute atrophy of the liver, cerebral disease, &c. The treatment is very briefly given, having been already considered at length in a former volume, where the therapeutics of cardiac diseases constitute a special article.

The section on the Entozoa, by MM. Léon Vaillant and A. Luton, the former taking up the natural history and the latter the pathology, is carefully drawn up, and gives the reader concise information on all the advances that have been recently made. We notice that the Spiropteris hominis, christened by Rudolphi from specimens sent to him by Barnett, obtained from a young woman, is removed from the category of human entozoa, M. Vaillant believing it to be a case of imposture. Speaking of the trichina, M. Luton states that, though the reporter of the French Commission on this subject considers 75° Cent. as fatal to the worm, he has reason to believe that it requires to be exposed to a temperature of 100° Cent. (212° Fahr.), and continued for some time, in order to kill it.

The article on the Shoulder, by M. Panas, is a very elaborate one, extending over nearly 100 pages, and including a full account of the anatomy of the parts about the scapulo-humeral articulation, the physiology of its movements, and the pathology of the various luxations that may occur in this region, with the operations that have been proposed or performed. The luxations are divided into the anterior and posterior. The former are subdivided into medio-, sub-, and supra-glenoid, and these again into extra-, sub-, and intra-coracoid and sub-clavicular for the medio-glenoid, and scapular and costal for the sub-glenoid; and the posterior luxations are divided into the sub-acromial and infra-spinous. Most of these are illustrated by drawings, which, however, are somewhat below the average in point of execution. A sketch is given of the curious and ingenious apparatus of Robert and Collin for effecting extension and counter-extension—a very inefficient substitute, we should imagine, for the hands of a good surgeon, who understands what he wishes to effect. Some interesting observations are appended in reference to obstetrical paralysis of the shoulder, due to pressure exerted by the forceps or to traction by the fingers of the accoucheur upon the nerves of the brachial plexus, which we do not remember to have elsewhere seen noticed. The observations have been collected by Duchenne, and are accompanied by several drawings. In the cases resulting from traction the same group of muscles is always paralysed—namely, the deltoid, the infra-spinalis, the biceps, and the brachialis anticus. The cases, if left alone, result in complete paralysis of the limb; but if treated early by electricity, readily and completely recover.

We have only space to notice M. Aug. Voisin's article on Epilepsy, which is very complete, the author being well known for his essays on the subject. The paper is illustrated by numerous sphygmographic tracings, some taken at the very instant of the attack. He entertains no doubt, from his own observations, of the hereditary nature of the disease; but differs from Esquirol and Trousseau in thinking that, putting alcoholism on one side, there is no predominating influence exerted by the male. He mentions the curious fact that epileptics suffering from severe attacks exhale a large quantity of ammonia from the lungs. He regards the medulla oblongata and the cerebellum, with the connecting fasciculi of these two organs, as the parts primarily at fault in this disease. Lastly, he speaks very highly of the bromide of potassium.

On the whole, the volume is a worthy continuation of its predecessors.

MR. RADCLIFFE'S REPORT ON THE SANITARY STATE OF LEEDS.

THIS report commences with an interesting history of the steps taken to improve the town of Leeds. In 1868 a statistical committee was appointed to investigate the sanitary condition and house accommodation of the town, and the social, industrial, moral, and educational state of the population. An abstract of this report is to be found in the first volume of the Statistical Society, and copies were sent to the mayors of all the principal towns in the kingdom, with a recommendation that a similar inquiry should be instituted in each. A local Act, which encompassed what was desirable more than what was practicable, was obtained in 1842, and under this Act more than a million of money has been spent, without, unhappily, any serious reduction in the amount of preventable disease. The report then goes on to describe the actual state of things. As to the town proper, diarrhœa still prevails excessively among the population; fever also is much in excess; and there are no indications of a diminution of the very high death-rate. From the borough, exclusive of the town, true typhus is never absent. Mr. Radcliffe points out the great importance of recognising the localities in which epidemic disease chiefly prevails, and he finds that, notwithstanding the enormous increase which the town of Leeds has undergone since 1832, and irrespective of its many internal changes, the localities in which cholera then prevailed were the principal seats of fever in the years 1834-39, and of fever and cholera in 1847-48; of fever throughout the years 1860-65, and in 1867; and of diarrhœa and fever in 1870. The description of these localities in 1832 is as true now as it was then; the notoriously unwholesome streets, lanes, alleys, and yards of that time are notoriously unwholesome now; and it is curious to find that the localities in Leeds which have received the least advantage from the various costly sanitary works carried out during the past twenty years are the very seats of the persistently high mortality that gave rise to their execution.

Mr. Radcliffe then proceeds to show that the high infantile death-rate from diarrhœal diseases does not arise from maternal neglect, it being highest in that part of the town where the mothers are not taken away from home to work. Nor is it the result of a high birth-rate, which is proved to occur as well with a low as with a high infantile mortality and the converse. And he reaffirms the position which is generally received, that the population suffering from a

high diarrhœal death-rate breathes or drinks a large amount of putrefying animal refuse. Proceeding to details, Mr. Radcliffe, whilst noticing the great improvements which have been effected by the sanitary staff, gives an account of a fever den, in which there is a middenstead twenty-one feet long, five feet ten inches broad, and which is six feet below the level of the ground. Into this fell not long ago a half-tipsy man, plunging deep into the revolting filth, and there, suffocated, he lay until, days afterwards, discovered by the scavengers. Middensteads as large as dwelling rooms are numerous, whilst any of such a modest size as to contain but a ton of filth are comparatively rare. These abominations are often built into, and form part of the houses. In one court two-thirds of the whole space is occupied by privies and middensteads. No less than 829 privies with middensteads attached exist below sleeping rooms and adjoining living rooms. Indeed, there appears to be an absolute ignorance of the danger of accumulating quantities of excremental matter in close proximity to inhabited houses, and an entire indifference to the requirements of common decency. There are 11,500 middensteads, which, on an average, are emptied only four times each in the year. But the walls and floors are so fouled with soakage that the receptacles are probably as dangerous after as before the emptying. These huge reservoirs of filth are being deliberately reproduced in the newer parts of the town under the sanction of the corporation. The street sweepings are scavenged by a separate staff, and the greater part is taken to a depôt placed in the very centre of the most densely populated part of the town. So noisome are the exhalations that the neighbours complain of their utter inability to ventilate their sleeping rooms during the day-time. The rest of the sweepings are used, as they are in Liverpool, for filling in the foundations of houses. The district medical officers state that several streets, notorious for unhealthiness, have been built upon deposits formed of street sweepings and offensive refuse. In fact, part of the sweepings are disposed of for manure, and part for filling in. Mr. Radcliffe properly says that the use of street sweepings and of other refuse rich in organic matter for the formation of house foundations altogether sets aside one of the most important and best understood requirements of a healthy dwelling house—viz., an unpolluted site.

The sewers of Leeds have been constructed upon a comprehensive scale, at a cost of £225,000. They serve five-sixths of the whole population, and carry into the river Aire 12,000,000 gallons of sewage daily. There are, however, localities in Leeds which have not been sewered at all, or, if sewered, no proper record has been kept of their construction and whereabouts. These localities are, without exception, the fever and cholera nests of the town. Instead of the sewerage being methodically extended from the most unhealthy to the less unhealthy districts, the process has been inverted, and there are courts and alleys leading out of the principal streets of the town which are either without sewers or have sewers improperly constructed or not communicating with the main sewer of the street or both. The contents of the sewers are rendered unusually dangerous by the quantity of excremental matter which sluggishly flows into them from the middensteads without a sufficient quantity of water; whilst until 1869 no means whatever were taken to prevent the diffusion of sewer gases in the interior of houses, the only outlets for these gases being a few rain-pipes which opened into the sewers and casually dry or untrapped gulleys. Even the ordinary safeguard of "traps" to the house drains had been very largely omitted, and the first entry of such work having been done occurs in the reports of the Sewer Committee last year.

The sewerage of Leeds, while it has largely promoted surface cleanliness, has not materially diminished the excrement nuisance which has long been the cardinal evil in the town; indeed, in respect to the drainage of middensteads, it has aggravated the evil; and it is on this account that there have been no returns in health and in saving of life proportionate to the expenditure—in fact, no return at all. The state of the river Aire is, as may be imagined, execrable, and the town is now under injunction not to pollute it as they do. The water-supply is about twenty-three gallons daily per head. It is obtained from the Wharfe, which receives the sewage of the town of Otley, and the refuse of several worsted and paper mills, tanneries, &c.; but a fresh and probably purer source has lately been secured, and the necessary works are being constructed by which a portion of pure water is already brought into use.

There appears to be a singular ignorance of sanitary principles in Leeds. The sewers are foul for want of flushing, and even for waterclosets there is an unwise economy in the supply of water. Mr. Radcliffe shows that with proper care the present supply to the town ought to be sufficient for flushing, and for the adequate removal of all excrement. At the same time he does not insist upon the exclusive reliance on water carriage, but lays it down as otherwise imperative upon the authorities to institute a system of excrement removal sufficiently prompt and certain to obviate the abominable nuisances which now prevail.

Mr. Radcliffe gives the medical officer of health and his sanitary staff the fullest credit for their exertions, but he remarks that at best they cannot do more than interpose an obstacle to the further growth of disease in Leeds until the prime sources of disease described in the report have been removed.

DR. GUY'S LECTURES ON WAR IN ITS SANITARY ASPECTS.

ON June 7th Dr. Guy commenced his lectures on this subject, having especial reference to the period between 1793 and 1815. They would constitute, he said, a continuation of the lectures he delivered last year at King's College, in which he brought the sanitary history of England down to the commencement of this period. After a brief account of the general characters of the war which followed, he observed that the twenty-two years of uninterrupted warfare strained to the utmost the resources of England in men and money. Nearly 300,000 men were continually withdrawn from the productive ranks of life, and in every year of warfare 8000 perished in excess of those who would have died had peace prevailed. In considering the sanitary lessons of this war, he proposed first to regard it in the light afforded by the experience of peace; then, taking as standards of comparison the numbers of killed and wounded, to compare with these the deaths occasioned by disease, distinguishing from one another those occurring in military and naval operations; and, lastly, to inquire what science and art had done to save the lives of fighting men.

The first question to be considered, then, was, what lessons applicable to war does the experience of peace supply? Are there any results of health impaired and life sacrificed in times of peace which admit of application to times of war? War, whether on land or sea, is, in its essential nature, the bringing of one armed crowd into violent collision with another. The conditions of naval and military fighting men vary much, but in each the evils of overcrowding are liable to occur. Even in peace this may be the case. Not many years ago the mortality in the Foot Guards, mainly from this cause, was nearly twice as great as among the city police. In war the danger is enormously increased. Every foreign war means the transport of crowded men, ill disciplined, under circumstances unfavourable to health, to foreign lands, there to be exposed, always as a crowd, to fatigues, privations, bad hygienic conditions, and to fighting as a rare diversion.

The experience of peace supplies, unfortunately, abundant examples of life cut short by overcrowding. Such cases may be arranged in three categories: one where, as in workrooms, dormitories, &c., individuals are exposed to no other unwholesome influences than those emanating from their own bodies, or to these in conjunction with heat, dust, and the effluvia of certain manufactures; secondly, those in which the noxious effluvia of damp soil and defective drainage are superadded; and, lastly, overcrowding in hospitals, by which many contagious diseases are produced or spread. The lecturer then described at length some examples of overcrowding, beginning with the extreme form of forcing many persons into a narrow space. Such was the well-known case of the Black Hole at Calcutta. Overcrowding carried to this point of suffocation is, he said, rare even in war. Overcrowding carried to such an extent that the space for each person does not much exceed that required for the recumbent posture, is much

more common, as in the case of sleeping-rooms the floor of which is covered with beds touching one another. Two diseases ally themselves in an especial manner with such overcrowding—consumption and fever. There are no data by which the force of this cause can be measured, but the lecturer's investigations among London printers render it probable that among them three times as many suffer from consumption in crowded workshops as in uncrowded. Too many erections on a given space have always been associated with the most destructive pestilences. The frightful mortality in civil hospitals from overcrowding is also a matter of notoriety, causing especially the death of infants, puerperal women, and death after wounds and operations. The painful consequences have been but slowly recognised. In 1855, an examination of ten London hospitals gave a maximum of 1472, and a minimum of 800 cubic feet per patient. Of twenty provincial hospitals, a maximum of 1075, and a minimum of 653. Of forty-six military hospitals, a maximum of 655, and a minimum of 400—just half the cubic space in any London hospital. Of overcrowding in ships there were some lamentable examples among the emigrant ships during the Irish famine of 1847. Vessels leaving England were allowed to ship three times as many passengers as they would have dared to carry away from a United States port. Out of 4427 passengers carried by ten vessels, 804 died on the passage, and 847 arrived sick.

Drinking contaminated water is frequently a source of disease to an army in the field. It is probable that the accusations of poisoning streams and wells during epidemics were not always the offspring of ignorance and panic, but in some cases the result of real observation—a statement of fact, though wrongly explained. Insufficient and improper food is another great source of danger. Scurvy, dysentery, &c., in every prolonged war have followed the breakdown of commissariat arrangements. Finally, bad customs, bad management, the sacrifice of utility to show, the greed of contractors, have provided the soldier with bad clothes or rotten food, and everywhere he has carried with him the gluttony and intemperance which are the curses of the civil population.

Foreign Gleanings.

OVARIOTOMY IN PARIS.

M. PANAS presented a patient at a late meeting of the Surgical Society of Paris (June 14th, 1871) upon whom he had performed ovariotomy at the St. Louis Hospital. The operation was performed in a cottage built within the walls of the hospital, the surgeon removing, besides the right ovary, the left Fallopian tube and a fibrous tumour of the uterus. M. Depaul remarked that ovarian cysts are often connected with gestation, and cited a case in which M. Richet, after tapping the cyst, found that the woman was pregnant. After her confinement no refilling of the cyst took place. M. Depaul added that M. Legouest had seen Mr. Spencer Wells perform ovariotomy upon a woman four months pregnant. The patient did well, and the gestation proceeded. It will be a question whether the pressure exerted by the developing uterus has had a great share in the recovery of M. Richet's patient. M. Panas mentioned a similar case, and M. Guéniot remarked that pregnant women suffering from an ovarian cyst often die after tapping, and stated that an English surgeon made a mistake four times. In one case he removed the cyst; rupture of the uterus occurred, the Cæsarean operation was performed, and the patient recovered. M. Guéniot mentioned no name.

CONTAGION BY VOLATILE VIRULENT MATTER.

The Academy of Sciences of Paris heard (July 10th, 1871) a paper of M. Chauveau, of Lyons, the eminent veterinarian, describing experiments which prove that the fluid evaporated from virulent matter fails to convey disease by inoculation, whilst the matter itself succeeds. M. Chauveau concludes that the contagious principles are not floating in the atmosphere in the shape of gas or vapour, but that they are always adherent to some solid matter which is taken up by the gastric mucous membrane. Contagion at a distance takes place in this manner. In the rinderpest, for instance, the conveyance of the disease is more frequent and more rapid in confined spaces than in the open air. One of the experiments is performed thus: Virulent matter is poured into a capsule, which is placed on a piece of glass, and the whole covered with a transparent bell. Under the glass is a sand bath, which promotes gentle evaporation. To facilitate condensation, the bell is covered with cotton wool, on which ether is now and then dropped. Some fluid now fixes on the inner aspect of the bell, and is obtained by means of a pipette. The liquid is then inoculated, as also the actual virulent matter in the capsule. The effects with the latter are positive, and negative with the former.

GUNSHOT WOUNDS OF THE LOWER EXTREMITIES.

M. Paul Berger has published several cases in *L'Union Médicale* (Nos. 45 and 46, 1871) of severe gunshot wounds of the knee, femur, &c., in which good results were obtained without deep suppuration. The practical hints derivable from these cases are as follow:—

1. Deep gunshot wounds of the knee may cicatrise pretty quickly, and very simply, if the bones are not too much shattered, or when the patella alone is fractured.

2. The same holds good for fractures of the femur at the middle or upper third, when the tract is long and narrow, and not much torn or contused, the bone being evenly broken.

3. The presence of the ball in the wound is not an absolute obstacle to the cure.

4. In such cases the following measures should be avoided: (*a*) immediate exploring of the tract with the finger or instruments; (*b*) preventive slitting up of the tract; (*c*) extraction and search after foreign bodies which may lie in the wound before suppuration is established.

5. Perfect occlusion should not be had recourse to; emollient and soothing applications are to be preferred.

EXTRACTION OF CATARACT; NEW MODE OF MAKING THE CORNEAL SECTION.

M. Galezowski lately presented to the Academy of Medicine of Paris (July 11th, 1871), an elbowed knife, wherewith he makes his incision preparatory to extraction. The operator makes a semilunar cut through sclerotic and cornea, on the outer margin of the latter, and carried a little distance under the conjunctiva. Instead of cutting as usual from behind forwards, the knife runs downwards, and thus a conjunctival flap is obtained. It is thought that this flap favours union by first intention. The operation is thus confined to the sides of the cornea. M. Galezowski states that he has found this method extremely useful, especially in large and hard cataract.

DETECTION OF XANTHINE IN URINARY CALCULI.

M. Lebon showed, at a late meeting of the Academy of Sciences of Paris (July 3rd, 1871), a calculus which M. Cruveilhier, jun., had asked him to analyse. The outer layer was composed of phosphate of lime mixed with ammoniaco-magnesian phosphates only one-thirtieth of an inch thick. The next layer consisted of oxalate of lime, and was as thin as the first, but the bulk of the stone was made up of xanthine, and a small proportion of urate of lime. This nucleus, dissolved in hydrochloric acid, yielded beautiful crystals of hydrochlorate of xanthine in hexagonal lamellæ. The usual mode of detecting xanthine is excellent when the latter is pure; but when it is mixed with lithic acid or lithates, as is often the case, the common method is not satisfactory. M. Lebon has found the following procedure useful for separating lithic acid from the xanthine, being founded upon the solubility in hydrochloric acid, and the insolubility of lithic acid, in the same liquid. Let, therefore, a fragment of the stone, reduced to powder, be boiled in hydrochloric acid, and the fluid be filtered. The insoluble portion of the latter is lithic acid, and the substance held in solution is xanthine. The nature of both substances may then be made out very easily by watching their usual reactions.

FOR some time past the burying within the precincts of French towns has been forbidden; it is therefore proposed to lay out new cemeteries in the neighbourhood of Paris, towards St. Ouen and Villiers. None but those who have family vaults will henceforth be buried either at Père la Chaise or Montmartre.

THE LANCET.

LONDON: SATURDAY, JULY 29, 1871.

THE opponents of the Contagious Diseases Acts are not troubled with any of the misgivings or doubts that beset weaker intellects. They have constituted themselves into an authority in their own eyes, and they seem determined that they will carry things with a high hand if possible. A deputation of their number waited upon the Home Secretary. They did not go to reason, explain, or expostulate, but to dictate their own terms after their own fashion. The fate of the present Government was represented as hanging in the balance. If the Acts were not at once abolished or suspended, the official life of the Home Secretary would be of very limited duration. And, lest Mr. BRUCE should not be influenced by a consideration of this kind, some members of the deputation, on the other hand, sought to dazzle the eyes of his understanding by the very feminine device of appealing to his vanity. By forthwith abolishing the Acts he would establish his popularity as a Minister. Discontented murmurs and noisy expressions of dissent supplied the place of commas and other stops to the Home Secretary's reply. Threats of various kinds appear to have been freely thrown about the Home Office like so many hand-grenades; and, in order that the warfare might not be circumscribed within the walls of official places, we are assured that it is to be carried into our home circles. The obdurate hearts of men are to be stormed into acquiescence with the desires of the excited opponents of the Acts by an attack on the innocence of their wives and daughters. It is scarcely possible for passion and prejudice to go further than this; and we can only hope and believe that those who suggested such things did not mean what they said. We wonder what they would think if the advocates of the Acts were to imitate their tactics and fight them with their own weapons. It would be easy, if disgraceful, to scatter broadcast pamphlets, with plates illustrative of the effects of these contagious diseases, containing passionate appeals to mothers and daughters to aid the Government in preventing the extension of such terrible evils.

It happens, fortunately, that men generally rise in practice somewhat above their prejudices; and it is very probable that the prophets of the evil things coming on this generation will not help to bring them to pass. Apart, however, from all considerations bearing upon these Acts, we are desirous of asking whether the time has not arrived for sensible people to assume a firm position in the face of the difficulties and dangers with which the Government is beset. Irresponsible and fanatical persons have banded together in order to push a Minister, who is responsible to the nation for what he does, from the position which a Royal Commission has emphatically declared that he ought not, in the interests of humanity, to give up. The course to be taken by the Government in this matter involves a grave question of principle; and we may expect the anti-vaccinators and other people who object to this or that infraction of their liberty to improve the occasion. Whilst the operation of these Acts was under investigation we were content to maintain silence and await results. We desired that the alleged charges of cruelty and immorality should be fully investigated, and that the arguments which had influenced men like Professor MAURICE, for example, should be fully weighed. The objects of the recent legislation were to our minds most desirable; but if these were only to be attained at the sacrifice of morality or by dealing a blow at the cause of religion and humanity, then, indeed, we were content to see the Acts swept away. But nothing of the kind has been established. On the contrary, it is abundantly clear that the Commissioners believe the working of the Acts to have been attended with a large amount of good—physical, moral, and religious—to the unfortunate classes that have come within their influence. On what grounds those who profess to regulate their conduct by the spirit of the Christian religion can be opposed to legislation in this matter we are at a loss to understand. In a theological sense most of our diseases are held to be the result of sin, and these particular diseases are frequently its direct fruit. But this is far from being always the case; and it is simply a pharisaism, which ill becomes the Christian, to declare that we are to treat the delirium tremens of the drunkard and the gout of the glutton and winebibber, but not to provide for the relief and cure of the unfortunate prostitute. It is no answer to say that the positions are not parallel, and that no one would think of excluding the latter from voluntarily seeking and obtaining the necessary hospital aid; for they are frequently not themselves aware that they stand in need of it, and their poverty too often cuts them off from seeking it when they are. Many an unfortunate creature is driven to the streets from want, and has to continue there under the pressure of its influence. A terrible retribution attends her career, and sooner or later it comes upon her. The hospital is the only means of physical cure open to her; and the best, if not the only, chance for spiritual and humanising influences reaching her is to be found within its walls. It is simply untrue that the State seeks to legalise prostitution in endeavouring to impose some limits to the spread of a terrible contagion that attends it. The State interferes in the case of a diseased woman on the same ground and by the same right that it interferes with the typhus fever or small-pox patient—viz., to avert or limit the spread of disease. The Government removes an infected woman to hospital, and detains her until cured; but the physical is invariably accompanied by a moral and religious end in view, and the facts related in the Report afford a conclusive answer to the objections that have been raised as to the demoralising and degrading tendency of the Acts. The objectors to restrictive measures seem entirely to ignore the fact that every such woman has it in her power to bring police surveillance to an end by quitting her course of life; and it has been shown to exercise a deterrent effect on those about to commence it. If the fear of contracting disease were practically found to be a powerful incentive to chastity, or if the punishment were in proportion to the crime or limited to the criminal, there would be a strong argument for non-legislation. But it is notoriously otherwise. The

history of the world has sufficiently disproved the first; and the facts of every-day life contradict the second. The reasoning of the Commissioners is, in reality, strongly favourable to an extension of the Acts, whatever their conclusions may be. The meaning of this is too near the surface to be missed; but the Report is fair, conciliatory, and moderate in the extreme. It has been framed by impartial and responsible men after due deliberation; and we hope that Mr. BRUCE will have the courage to maintain the position that he has assumed.

WE have always consistently and persistently condemned the principle on which special hospitals are established, and have uniformly and emphatically contended that a hospital properly so called should include within its range of usefulness all things connected with medicine and surgery, whether proximate or remote. But a condemnation of special hospitals by no means indicates disapprobation of general hospitals for special classes of humanity. It appears, however, that but one of this sort exists in London. The Seamen's Hospital (now located in the infirmary of the Royal Hospital at Greenwich) stands alone, in that it invites public aid to cure all cases of sickness or injury that occur to seamen. This institution has accomplished much useful work as a floating hospital in the Thames during the last half-century, and is said to be the most cosmopolitan establishment in the metropolis. But, as most of our readers know, the *Dreadnought* authorities obtained last year a loan of a portion of Greenwich Hospital in lieu of the ship, and took possession of their shore quarters some sixteen months ago. As far as sick seamen are concerned, the change of locality has not influenced the average number of admissions, which, according to the last annual report, were slightly in excess as compared with those of the previous year. But, as might have been anticipated, a new phase of work has been forced upon the staff of the hospital. Street and other accidents of all kinds, occurring in Greenwich, Woolwich, Charlton, Deptford, Lee, Lewisham, Newcross, and their neighbourhoods, are now sent to the Seamen's Hospital, instead of, as formerly, to Guy's. We are informed that during the current month no less than fourteen severe casualties have been admitted, all of which are entirely disconnected with marine work. And it appears, too, that the duties of the out-patient department have increased at a still more rapid ratio. Children with burns and broken limbs, drunkards with cut heads, and maimed workmen from the neighbouring factories, all find Greenwich Hospital nearer than London-bridge, and on financial grounds naturally prefer hospital to private aid. Two important results arise out of this state of things. Medical men practising in the district complain that work is being taken out of their hands by the Seamen's Hospital Society, inasmuch as many of the casualties now received in the infirmary at Greenwich would bring grist to their mill. On this point we take it that little need be said, because it is well known that most general practitioners are very glad indeed to have a hospital sufficiently near to which surgical cases which will gain for them neither credit nor profit can be sent. But there is a second and very moot point—i. e., whether a Society specially incorporated for the medical and surgical relief of seamen can, under any circumstances whatever, permit its funds to be diverted for the purpose of benefiting any other class. We are bound to infer that all the property of the Society from which income is derived was funded for the benefit of sick seamen; and we are equally bound to believe that the annual subscribers to this hospital give their guineas because they desire to assist the marine rather than other portions of the community. It may be observed parenthetically that, according to our knowledge and belief, local subscriptions to the hospital have lately increased, because an impression exists in the neighbourhood that the institution can be utilised for the purposes of a general hospital. We take it, however, that this is a false impression; and we opine that the Committee of the Seamen's Hospital Society have no power to divert the funds entrusted to them from a special to a general purpose. There can be no doubt whatever that a public hospital is urgently needed in the south-east district of London, inasmuch as no institution of the kind exists between London-bridge and Woolwich, a space which comprehends a dense population and a longitudinal range of eight or nine miles. There is also as little doubt that Greenwich is the proper centre of this district; and it is equally certain that its hospital requirements could be very efficiently supplied by the present occupants of the Royal Infirmary. Many of the casualties now brought to this institution must, under ordinary circumstances, have been sent to the union; so that the present line of action adopted by the Society tends to diminish the local Poor-rates. It is of course competent for the authorities of the district to subscribe liberally to the Seamen's Hospital, and so by special arrangement ensure the admission of any shore patients that may require general or special treatment. But, until some arrangement of this kind is very clearly and publicly defined, the Society is pursuing an unwise course in admitting the general public to their hospital, and the public can under no circumstances claim to be admitted into an institution specially established for the benefit of sick seamen.

MR. STANSFELD'S Bill for establishing a Local Government BOARD has passed the second reading almost without opposition. Indeed, it was difficult to conceive how opposition could come from either side of the House. The Conservatives were scarcely likely to object to a measure which virtually gives to the President of the Poor-law Board, if he have imperial tastes, powers greater than those enjoyed by any other Minister; whilst the Liberals may also affirm that the tendency of the Bill is to promote local self-government by placing the powers now exercised by a variety of irresponsible controlling bodies in the hands of one Minister, who can at once be called to account should he have the temerity to carry interference beyond the bounds of reason. This we consider the primary advantage of the Bill. It will enable the new Minister to concentrate the various public offices connected with everything relating to the health and social organisation of the people; and, by the concentration proposed, the Minister will be able to utilise to the utmost the numerous and highly skilled band of inspectors who are at present let loose, now from one

office, now from another, to worry the local authorities into fresh and not always consistent measures of reform. It is with regard to this perpetual interference that complaint is generally made. A Privy Council inspector goes down one day, and a Local Government inspector very likely follows soon afterwards; then comes the factory inspector, and then the Poor-law inspector—the last the most harmless of any, because his reports, unlike the rest, rarely come to light outside Gwydyr House. In imperial interests, men with special knowledge will always be required to supervise the administration of local affairs; but their knowledge should be corrected by discussion, and made subservient to a common system, of which the Minister is the proper exponent. It is important to observe that the duties of a Government in regard to politics are very different from those in regard to public health. In the one, the Government receives its impulse from without: it is the executive of public opinion, of which it is rarely if ever in advance. But in the other it must lead, not follow; and it is of the first importance that its lessons should be sound; and, in order to be so, it becomes absolutely essential that the Minister shall have the services of a varied and accomplished staff, such as we venture to think will be provided under Mr. STANSFELD'S Bill.

To the Bill as it stands, however, we have one special objection. The Board adds nothing to the security of the public, nor to the efficiency of the administration. It diminishes the personal responsibility of the Minister without giving to his colleagues in the Cabinet any additional power of control. On the contrary, their power is weakened; for the proposals of a Board are by so much more difficult to deal with on that account. If by any accident a Minister should be found incompetent, the difficulty of removing him will be increased by the fact that his acts are supposed to be endorsed by *ex-officio* members of the so-called Board. Let us have no shams, but a Minister bound to consult his colleagues in the Cabinet and personally responsible for the failures of his administration.

In conclusion, we venture to suggest that there is yet another Board of Commissioners which should be absorbed into the new department. The Lunacy Commissioners are not directly responsible to Parliament, the presidency being a purely honorary office. The Lunacy Commissioners now visit the workhouses without having any official relation with the Poor-law Board; and the latter has no lunacy inspectors attached to it. If the Poor-law Board years ago could have had the advice of the highly cultivated Inspector of Lunatic Asylums, it is impossible to believe that so many defective arrangements would have been found in workhouses. In fact, the line between pauper and general insanity is so indefinite that the whole would be most advantageously treated under one authority; whilst an economy of inspectorial power would certainly result from this additional assistance to the new department.

THE rumoured extension of cholera from Russia into the Baltic provinces of Prussia has very naturally caused alarm lest the malady should again spread to West Europe and thence to this country. The news requires confirmation; and much of the alarm depends upon a mistaken notion of the rapidity of diffusion and direction of progress of the epidemic. One account describes the disease as having made its way in the familiar cholera route from Persia through Russia to the shores of the Baltic; and the Registrar-General, in his last weekly report, writes that "Asiatic cholera (as it was a painful duty to announce early last June) is entering Western Europe through Russia, where, Dr. ZUELZER says, it is fast advancing on the German frontiers. In the second week of this month it broke out in Wilkowyski (a town of Poland, on the road to Konigsberg, west of the Niemen), where 34 deaths occurred within a few days. The epidemic has prevailed in Wilna for four weeks, and from 10 to 15 deaths are reported daily. At its present rate of progress it may reach Germany in two or three weeks."

The progress of the present epidemic of cholera in Russia, and its relation to epidemic cholera in Persia, have formed a study of altogether exceptional interest in epidemiology; and the different facts throwing light upon the subject, particularly upon the chronological succession of the more important local outbreaks in the two countries, have been systematically reported in the pages of THE LANCET. The further facts necessary to complete the history of the outbreak to the present time will be found elsewhere in this number of the journal.

The existing epidemic in Russia (apparently a recrudescence of the epidemic of 1866) began in December, 1869. In the course of that month the disease appeared at Oral, in the government of Smolensk, and in the city of Moscow. During the earlier months of 1870 the malady prevailed slightly in the localities named; but in July and August it spread widely in the south-eastern districts of Russia in Europe, and throughout the autumn it was more or less prevalent in many of the Russian ports of the Black Sea. On the 29th of August, 1870, the epidemic broke out in St. Petersburg; and from that date to the 8th inst. there had been not less than 5330 cases of the disease in that city, of which 2178 had died. On the 8th July there were 335 cases reported to be under treatment. From St. Petersburg the disease has been scattered in various directions in West Russia; and it was present in Wilna in April (LANCET, June 10th, 1871). The epidemic is now prevalent more or less at various parts in West, Central, and East Russia in Europe.

The protracted duration of this epidemic in Russia, and its limitation to the present time (so far as Europe is concerned) to the provinces of that empire, is a phenomenon of very remarkable interest in the history of the epidemic diffusions of cholera. From the close of 1869, the presence of the epidemic in Russia, we have reason to know, has been a source of constant anxiety to the officials of the Privy Council Office, whose duty it is to watch over the health-welfare of the kingdom; and we ourselves have spared no pains to bring the different facts which would throw light upon the probable future of the epidemic to the knowledge of the profession. As yet we have no certain information that the malady has become actively migratory, and that it has extended across the Russian frontier into West and Central Europe. But that this danger is imminent, and has been imminent at any period since the winter

of 1869, is certain; and it is well that the daily press should have raised the question of the state of our protectedness against the epidemic. Upon this question we do not propose now to dwell further than to remark that it is one upon which no doubt can rest as to the duties of the local authorities who are responsible for the administration of the sanitary laws. The instructions which from time to time have been issued for their guidance by the Privy Council, in respect to the action required from them when cholera is present or imminent, are as ample as precise in detail; and the provisions of the Sanitary Act, 1866, give to local authorities the power of carrying out the more important of these instructions, in relation to prevention, irrespective of any Order of Council.

Medical Annotations.

"Ne quid nimis."

HONORARIA TO MEDICAL WITNESSES.

THE illustration of the monstrously inadequate way in which medical witnesses are paid by the Crown supplied by the case of Mr. Oliver Pemberton at the Carlisle Assizes in the trial of certain parties for an assault upon Mr. Murphy, the lecturer, is so striking that we have taken some pains to ascertain the particular facts. The following statement may be taken as perfectly accurate. The prosecutor in the case was not Mr. Murphy, but the Crown. Mr. Pemberton's evidence had reference to nothing but Murphy's inability to attend the trial on account of illness. It formed no essential part of the case. Mr. Murphy, on returning to Birmingham, and when partially recovered from his injuries, had consulted Mr. Pemberton early in June. Mr. Pemberton attended him for a week or two, at the end of which time he was better, and the attendance ceased. On the 16th of July Mr. Pemberton was again sent for, and wrote a certificate to the effect that Mr. Murphy was suffering from acute pleurisy, and wholly unable to travel. On the 17th came a telegram from the chief constable of the county of Cumberland to the chief constable of Birmingham to the abrupt effect that Murphy's doctor must come by next train to Carlisle, to state in court as to his inability to attend. This was brought to Mr. Pemberton by a detective officer, and Mr. Pemberton simply declined to go. On Tuesday, the 18th, a subpœna arrived, which commanded his attendance at Carlisle under a penalty of £100. Accordingly Mr. Pemberton travelled the 200 miles on Tuesday night, and reaching Carlisle on the morning of the 19th, he gave his evidence at three o'clock in the afternoon. Having done so he asked the permission of the judge to return to Birmingham, and also to make a statement as to the honorarium he was to receive —viz., a sum amounting to second-class railway fare and one guinea. The judge expressed his opinion clearly that the fee was in no sense adequate, but said he had no power to alter the matter. The learned counsel, Mr. Campbell Forster, said that a communication could be made on the subject to the Secretary of State, with the view of obtaining an additional allowance, the judge kindly adding that if he were consulted he would at once certify. With so much sympathy from the bench and bar, it may be hoped that this most unjust state of things will be remedied. In the name of the Crown to take a surgeon, all the more a consulting surgeon, away from his practice for a whole day, and require him to travel two whole nights, paying him a guinea and second-class fare, is to mix up the Crown and the ends of justice with an affront to the profession and gross injustice to its individual members. Before this reaches our readers it may be that, in answer to a Parliamentary question, some satisfaction may have been given to Mr. Pemberton. Whether or not, he is entitled to the thanks of the profession for his public and dignified complaint in this matter.

RAILWAY SERVANTS.

As the season for excursion trains, and for terrible accidents, once more comes round, attention is being called, in more than one quarter, to the periods of work often extorted by railway companies from the persons in their employment. We hear of an engine-driver being on duty for twenty-nine consecutive hours; and of signalmen having a spell of eighteen or twenty hours as no very unusual matter. The result must be, of course, a liability to accident that increases as the multiplication of trains, and that is vastly enhanced by any exceptional addition to their number, such as that of a special or an excursion train. The Legislature is probably right in principle in declining to make this question the subject of an enactment; for it would seem to be one particularly fitted to engage the attention of juries. When the amount of compensation to be awarded for a so-called "accident" is being considered in a court of law, it would appear very proper that a plaintiff's counsel should state the habitual overwork of the servants of the company concerned, or the particular overwork of the individual who caused the calamity, as a ground for the aggravation of damages. It would be equally reasonable that the company should plead in mitigation, if they were able to do so, a rational and humane allotment of the hours of labour and of repose. The question has very distinct physiological and medical aspects; and, regarded from a medical point of view, we think the average daily labour of a faulty signalman quite as important as, even if not more important than, the number of hours that he had been on duty on the particular occasion. A person habitually deprived of proper rest and sleep would be liable to break down at any time, without its being necessary that he should be specially exhausted at the moment when he did so; for what may be roughly called the reserve force of his nervous system must in time be worn out, and then the failure would naturally occur. This is a point of which counsel should not lose sight, and on which medical witnesses should be prepared to speak with no uncertain sound. Railway companies that habitually overwork their servants are in fact asking for accidents, and should be made to pay for them when they occur. It is useless to plead that the payment comes out of the pockets of unoffending shareholders. Shareholders must be made to feel their responsibility for the acts of the directors whom they support, and must be made to understand that it is no excuse to allege, of an overworked man, that he had only been two hours on duty when he moved the wrong lever.

DEAF MUTES.

WE called attention, two or three weeks ago, to the work that has been done by Mr. Van Praagh in the education of deaf children, who, being deaf, do not learn to speak by the imitation of sounds, but grow up dumb because they are not taught to speak by imitation of lip and tongue movements, and isolated, because they are not taught to read these movements at sight. We have lately paid a visit to the school, at 164, Euston-road, which is under Mr. Van Praagh's management, and we left it confirmed in our belief that the phrase "deaf and dumb" is simply a disgrace to civilisation, and one which must, in a few years, be blotted out by the progress of events. The process of

instruction for deaf children is a long one, and requires eight years for its completion in ordinary cases; while of course some individuals will need even more than the average time and pains. But still, if there is no imbecility of mind, every deaf child may be taught to understand every word spoken in his presence, as readily and as completely as if he could hear, and to speak in a way that, if not harmonious, is at least perfectly intelligible. The whole finger alphabet system, and everything springing out of it, must be regarded as a relic of barbarous times; and the continued isolation of the deaf as utterly uncalled for and unnecessary. It becomes an important matter now to spread abroad this intelligence among those whom it chiefly concerns; and medical men, who are necessarily brought into early contact with deaf children, and who have influence with their parents, may render great service to the community by preserving such children from institutions in which dumbness is permitted or encouraged. The system of "lip reading," and of speech taught by movement, is of English origin, having been suggested by John Wallis, who was Professor of Mathematics at Oxford in the time of Charles the First, and one of the founders of the Royal Society. In this, as in many other matters, it has been the good work of Germany to adopt, and patiently to render profitable, the neglected or forgotten offspring of English intellects. We are given to understand that the school in the Euston-road is in some danger of being removed or broken up; and, therefore, although other arrangements for the continuance of the teaching will doubtless soon be made, any who are interested in seeing what has been done should lose no time in satisfying themselves upon the point. The children there have not been under tuition long enough to be able to speak either easily to themselves or very intelligibly to their hearers. But even now, at this early period of their training, they perfectly understand all the ordinary language that is spoken in their presence, and they are no longer shut out from participation in the thoughts of those around them.

THE LOCAL ACTION OF PUS.

DR. S. SAMUEL, of Konigsberg, gives the following as the results of his experiments on the local action of pus:—1. Putrid material introduced subcutaneously into the ears of rabbits, to the extent of from ten to fifteen drops, occasions a more or less rapidly developing putrefactive process to take place in them, accompanied by swelling, green discoloration of the part, and intense putrefactive odour. These effects not only constitute the most characteristic reaction of putrid matter, but they also serve to detect the existence of a putrefactive process when the matter possesses no odour and has no chemical reaction. 2. This local process of putrefaction, which for the most part extends in only a slight degree beyond the part originally affected, is the more distinctly circumscribed by a well-defined line the longer the time the local process has for its development. 3. For, coincidently with the local putrefactive process septicæmia is developed, apparently by absorption of the injected material, which leads sooner or later, according to its intensity, to death. 4. The putrid material, when introduced in smaller quantities or in more diluted form, occasions the most varying degrees of inflammation, accompanied by more or less extensive suppuration, so that even the slightest prick is followed by a certain amount of suppuration. The forms of inflammation thus excited have nothing peculiar about them, and they may in their progress lose the putrefactive odour of the fluid to which they owe their origin. 5. The occurrence of characteristic symptoms of putrefaction goes hand in hand with the cessation of the local circulation. 6. Not all putrefactive materials produce within the same period of time the same quantity of putrid poison, and their consistence occasions variations in the rapidity of their action. 7. On comparing the effects produced by the subcutaneous injection of the various substances capable of being chemically separated in putrefying fluids with those of the pus itself, it was found that a saturated solution of leucin (1 to 27) was followed by very slight effects; carbonate of ammonia, formic, butyric, and baldrianic acids, and sulphide of carbon, all acted in quite a different manner, causing coagulation of the blood, with and without secondary vesication of the parenchyma. Solution of sulphuretted hydrogen, containing 3 vol. H S to 1 vol. aq., caused a weak green discoloration in the first instance, then slow suppuration, and therefore also a different effect. On the other hand, the effects of sulphides of ammonium presented many points of analogy, a few drops of a solution of the yellow sulphide of ammonium, or of the bright red sulphide, producing very similar effects when subcutaneously injected to those of putrid fluids, except that the smell is peculiar. Integrity of the skin gives immunity to sulphide of ammonium as well as to putrid fluids. 8. The subcutaneous action of the products of inflammation varies in producing the most different disturbances of nutrition, from slight inflammation to strong suppuration, putrefaction, and mummification. But the contagious nature of non-specific pus can be no more established than the existence of a special inflammatory poison. Amongst the inflammatory products, however, very different chemical and physical agencies are operative which induce quite distinct effects. 9. The chemical nature of the products results from the nature of the part originally affected, the cause of the inflammation, the violence of the suppuration, &c. A collection of pus is an albuminous mass in the body in which an anomalous metamorphosis of tissue is taking place. 10. The tenacious mucus of the nose of a violent catarrh produces a thick, yellow, and dense sac; the thick pus of a mammary abscess produces a violent inflammation, leading to coagulation in twenty-four hours; the pus of a boil acts in the same way, whilst the pus *bonum et laudabile* of a bubo produces a persistent, strong, and firm infiltration of the ear. 11. The glycero-phosphoric acid found in fresh pus gives rise in weak solutions to slight, in strong (1 to 9) to severe inflammation, not however running on to suppuration. Solution of common salt causes suppuration when injected of no greater strength than of 1 to 100.

MEDICAL ROUGHS.

WE have seldom felt such indignant disgust as that which has been stirred in our mind, and in the mind of every medical practitioner or student who possesses a spark of courtesy and honourable sentiment towards women, by the recent discreditable conduct of a certain party among the Edinburgh medical students. It is on record in the public prints, and until contradicted must be assumed to be true, that these cowardly persons have pursued the lady students about the streets with insulting cries of an obscene description, using the terms of anatomy to ensure that their language, otherwise unintelligible to pure-minded women, might be understood by the victims of their foul abuse.

As regards the particular individuals who have been the immediate agents in producing this scandal, there is nothing more to be said than this—that they have done their little best to disgrace a noble profession. But the matter does not end there. It is impossible to admit that the guilt rests only with the actual perpetrators of the outrage; we must insist that the blame ought to be distributed over the whole

of those intemperate opponents of the claims of the lady students who have been for months past straining every nerve, not merely to prevent the admission of female candidates to medical instruction, but to cast obloquy upon them in every way. Upon the general question whether it is desirable that women should be admitted to the study and practice of medicine, the most conscientious and enlightened persons may well differ; and THE LANCET has never spoken in the affirmative, but rather in the negative, sense on this matter. But common candour must compel any unprejudiced person to admit that the fight has been pursued, by the orthodox party, *per fas et nefas*, and that the ill-advised conduct of grave and learned seniors in the profession has offered only too plausible an excuse to the heated blood of younger partisans to indulge in coarse excesses. We sincerely wish that we could persuade our professional brethren, not only of the ungraciousness, but of the bad policy, even from an interested point of view, of this indiscriminate partisan hostility towards the lady students. We have reason to know that the manner in which the whole controversy at Edinburgh has been conducted has produced a most unfortunate impression in very influential quarters. We have our own opinion as to the probability that women can ever be fitted, in any considerable numbers, for the useful and successful practice of medicine and surgery. But we are quite certain that their claims, in order to be resisted, must be met with the weapons of temperate and logical argument, and not with those of mere hatred and opprobrious language, still less with profligate and ribald abuse.

THE HAMPSTEAD SMALL-POX HOSPITAL.

ON Saturday last a numerous and influential deputation of the inhabitants of Hampstead waited upon the Metropolitan Asylums Board to request the removal of the present temporary buildings to a less populous and a less frequented neighbourhood. They produced a plan showing the large number of houses in close proximity to the hospital, and pointed out fourteen, in no less than ten of which cases of small-pox had occurred. They complained of the great depreciation of property which had been caused by the erection of the hospital, estimated at more than £100,000; and they came prepared to offer a fresh site on what were thought to be fair terms. The request of the deputation was not granted, and the proposal to defer the consideration of the subject until October was rejected by a large majority.

We have spoken of the erections at Hampstead as the most perfect hospitals in existence, and we have no objection to the ground on which they are placed. But we have never ceased to protest against the accumulation of so many patients under, as it were, one roof; and we cannot but believe that the danger of spreading contagion is greatly augmented thereby. We are of opinion that the inhabitants of Hampstead have at least made out a *primâ facie* case requiring further investigation. If their statement be true, that sixteen cases of small-pox have occurred in fourteen houses, all in close proximity to the hospital, and this in spite of every precaution against personal intercourse with the patients, it seems to us conclusive that there is substantial ground of complaint.

But, independently of the possibility of danger, it cannot be denied that Hampstead is of all the suburbs of London the most objectionable for the erection of a pest house. It belongs to the metropolis as a health resort, and to destroy its prestige is to inflict untold injury, not only on the inhabitants, but on the many thousands of poor persons who resort to it for health and recreation. We cannot wonder that the inhabitants should be very jealous of the sanitary reputation of the neighbourhood, and in anticipation of the hospital being eventually used for cholera, as it certainly would be if that pest should unhappily revisit us, we can well believe that any outlay they might incur for the removal of the hospital to a less objectionable locality would be more than repaid them in the improvement of their property.

LITTLE CHILDREN.

SOME of our daily and weekly contemporaries have lately been pleading, and with great effect, the cause of little children. They have urged, with much propriety and force, that recreation should be made an essential part of education, and that the playground should be considered a necessary adjunct to the school. Their plea has been chiefly on behalf of that class whose claim rests upon their raggedness; and open spaces—in short, playgrounds—have been described as the best means of lifting up the children of the very poor from the almost absolute bestiality of their homes and surroundings. With all this we cordially agree; and we have read with much interest Miss Octavia Hill's description of the space given by Mr. Ruskin, and of the uses to which it has been put. But admitting to the fullest extent how much may be thus done for the children of the poor, we have yet a word to say on behalf of those of the middle classes, or even of those who, judged by any moderate standard, may fairly be described as the rich. There are thousands of families of professional men, tradesmen, and others, growing up in London streets, and having little or no exercise out of doors beyond weary trampling over heated pavements. We see little ones taken out sometimes thrice in the day, conveyed wherever it best pleases the nurse-maids to resort, destitute of any effectual maternal supervision, and often dragged home long after their proper bed hour, almost too weary to be fractious, and certainly too weary to take and digest the food which their tired frames imperatively require. We would urge upon mothers whose children have no playground, to whom no square garden opens a friendly refuge, and who are distant from the parks, that they should above all things be careful to prevent fatigue from excessive walking in the streets, and more especially from walking during the heat of the day. Neglect of this obvious precaution is too often followed by disastrous consequences, or lays the seeds of serious or fatal illness. The life of the streets has no attraction for the young child, and presents few objects of interest to its mind; while it too often is a source of distraction to the attendant, and leads her to neglect the wants and the welfare of her charges. When children can, as a rule, be sent only into the streets, mothers cannot be too careful to control the distance and the duration of their journeys, or to select the time of the day in which they will be least exposed to hurtful influences.

PROMOTION BY SELECTION.

MANY army medical officers, on learning that Mr. D. Dalrymple, M.P., had asked the Secretary of State for War whether the system of promotion by selection was to apply to the medical as well as to the other officers of the army, would be led to exclaim, "There has been so little promotion of late, and there appears to be so little chance of it in the future, that we do not care to discuss the system when we are losing sight of the reality." However, Mr. Dalrymple, having asked his question, obtained exactly the sort of answer that might have been expected. He was referred to the existing Warrant, and told that, in accordance with its terms, promotion to the administrative ranks of the Army Medical Service was by selection. And so, by the Warrant, it ought to be, no doubt; but, practically, it has

sometimes been by seniority and sometimes by selection. We can well imagine that the Director-General has not been altogether proof against the considerations that usually influence men in such matters. The problem as to the best and fairest system of promotion is a very difficult one. Theoretically, selection commends itself more to men of intelligence than to men of the world; for the latter bear in mind what Lord Palmerston once remarked—viz., that merit means interest. On the other hand, pure seniority might come to mean mere senility. As far as we can make out, however, ninety-nine medical officers out of a hundred are more concerned with getting their seniors of the inspectorial ranks moved on, and then moved out altogether, than with anything else. Cannot some scheme be devised for limiting the tenure of the inspectorial grades without making any addition to the expenditure?

THE METROPOLIS WATER BILL.

THIS Bill has been reprinted as amended by the Select Committee, and a perusal of it convinces us that it would be nothing less than a public misfortune for it to pass into law as it now stands. In the first place it makes the Board of Trade the arbiter of all the great questions of supply, which the Bill originally proposed to refer to the Secretary of State. Next, it repeals altogether certain important provisions of the Water Act of 1852, especially those relating to proceedings to be taken against the companies by the Board of Trade, and substitutes nothing of equal value for them. And, most important of all, the clauses relating to the quality of the water have been narrowed down almost to the vanishing point of practical utility. Thus the Bill as it was introduced into the House of Commons provided: (1) That all the water should be filtered "according to the best known mode of filtration, and should be of a standard of purity to be fixed by the Secretary of State"; (2) that a water analyst should be appointed by the Secretary of State, and that he should *daily* analyse the water of each company for the metropolitan authority, giving notice to any company of defective quality in its supply; (3) that defect in purity should entail a penalty of £50 on the offending company, unless proof were forthcoming that the defect arose from unavoidable accident. It would argue dense ignorance of the history of the London water-supply during the last twenty years on the part of anybody, not otherwise blinded by self-interest, who could deny that the provisions just alluded to are imperatively called for if the health of the metropolis is to be protected from the various experiments to which it has at different times been subjected by the companies. The chief authorities on questions of public health are unanimous upon the point that the purity of our water-supply should be surrounded with all possible safeguards, one of the most valuable and effective of these having been the published analyses which Dr. Frankland has furnished to the Registrar-General every month. It has been felt, however, that it is desirable to have more frequent analyses, and that the analyst should hold a more formally official position than Dr. Frankland does now, and the Bill was therefore framed to provide for both these objects. But the Select Committee have left nothing of this in the amended Bill, save two clauses, one of which enacts that the Board of Trade "*may*, at any time, if and when they think fit, appoint a competent person to inquire into and report on the quality of the water furnished by any company"; and the other that the Board of Trade "*shall*" appoint a water examiner, "who shall from time to time, in such manner as the Board of Trade direct, examine the water supplied by any company," the question of insufficient purity and of penalty for the same being left entirely dependent upon the construction of the Metropolis Water Act of 1852. It is not clear, either, why one of the two clauses should give the Board of Trade optional power, and the other makes it compulsory, to appoint a person or persons to examine and report on the quality of the water-supply. We object most strongly to the Board of Trade being mixed up with the matter in any shape. That Board has had control over the companies hitherto, and we all know with what result. The quantity and quality of the water-supply is so inextricably bound up with questions of public health that the new Local Government Board should, in all cases, be charged with those powers of control which have hitherto been delegated to the Board of Trade, together with such additional powers as have been found necessary for the protection of the consumers. It is a defect in Mr. Stansfeld's Local Government Bill that this is not provided for, and we hope there is yet time to remedy this. As for the Metropolis Water Bill in its present shape, its only proper place is the Parliamentary waste-paper basket.

POOR-LAW AND HOSPITAL MEDICAL RELIEF.

AMONG the various facts that have been adduced in proof of the miserable inefficiency of the arrangements for providing State medical relief to the poor, we do not remember to have met with any more striking than some which were brought forward by Dr. Rogers on the occasion of the late deputation on hospital out-patient reform to Mr. Stansfeld. It was shown in the clearest manner that the immediate consequence of the ill-advised parsimony of the Birmingham Board of Guardians in reducing the number of their medical officers from eight to five has been an enormous increase in the work thrown upon the out-patient departments of the voluntary hospitals and dispensaries of the city. The reduction of the medical staff took place two years and a half ago, and the number of patients treated at the voluntary institutions rose in one year from 66,774 to 75,880—*an increase of more than nine thousand*. Nor can it for a moment be pretended that the pauper residue of the sick were efficiently attended to by the five medical officers left on the Poor-law staff, for we find that 31,872 cases were attended by the latter, or an average of 6374 each. The whole business is disastrous in every way; and if the President of the Poor-law Board cannot see the true significance of this and numerous other analogous facts, as pointing to the necessity of a far more extensive and highly remunerated Poor-law medical service, we shall despair of his ever rendering any service as a reformer of abuses in his department, and as a mitigator of the English curse of pauperism.

THE LATE MR. COURTNEY, R.N.

OUR obituary list of the week includes the name of a naval surgeon, who died of accidental blood-poisoning—more fatal than the casualties of the field. There are few misfortunes that arouse professional sympathies more deeply than cases of this kind, where our brethren are poisoned in administering to the sufferings of others; and we recall the late very general anxiety when one of our most eminent surgeons nearly succumbed to the same cause. In such cases there is the sole consolation that the father, husband, or friend had fallen in the path of duty.

It is satisfactory to know that when such accidents have terminated with injury to the constitution of the survivor, the Admiralty have liberally sanctioned a pension in accordance with the rank of the sufferer, and we think it will be only fulfilling a generous design in a case where, like this,

the most disastrous result occurs, to regard the accidental bereavement of the widow and children as a specialty that requires the utmost consideration.

We advert strongly to this case as it illustrates forcibly an inferiority of the naval to the army medical service. Mr. Courtney, like most other naval surgeons, lost three years on compulsory half-pay, and thereby fell short of staff rank by a few weeks at the time of his death. Had he been an army surgeon, he would have had continuous service that must have given him the rank three years earlier, and the bereaved widow and fatherless children would have been left secured in a higher rate of pension. We hope the Admiralty will act on the present occasion in a manner that will afford grounds for confidence that good deeds are appreciated, and not passed over as ordinary occurrences.

SLAVERY IN THE TELEGRAPH OFFICE.

A good deal of justifiable indignation finds public expression from time to time as railway catastrophes disclose the amount of strain which railway servants have to bear in the shape of long hours on duty. Some facts which came out at an inquest held on Tuesday by Dr. Hardwicke, on the body of a lad, aged fifteen, employed as a clerk in the Government Telegraph Department, Lothbury, indicate that the baneful system of overworking servants has found its way where we should least have looked for it—namely, into one of our Government offices, and with a result which calls aloud for prompt inquiry. The deceased had, it appears, been employed for three months as an instrument clerk, his hours of duty being from 8 P.M. to 9 A.M. And as if thirteen hours of nightwork were not enough for a boy of fifteen, it is stated that he often had to remain at his post for twenty-five, and sometimes thirty-seven hours. On Saturday afternoon last he requested permission to go home, *and was refused!* and the next day he was taken very ill, and died within an hour. The post-mortem examination showed that the cause of death was exhaustion from consumption. The jury in their verdict expressed an opinion that the system of labour in the postal telegraph offices ought to be remodelled, as such long hours were productive of many evils. The most fitting issue of this inquest would have been the condign punishment of those who are responsible for such cruelty. Surely a case of this sort will not be allowed to pass unnoticed in the House of Commons, or by Lord Shaftesbury.

THE ANATOMY ACT OF 1871.

In accordance with the provisions of the above Act, to which we have before referred, Mr. Secretary Bruce has ordered that the period within which, according to the Act of 1832, certificates of interment are to be transmitted to the Inspector of Anatomy, shall be varied from six weeks to such period, not exceeding six months, as the inspector of the district may from time to time or in any case require. We understand that Mr. Charles Hawkins, the inspector of the metropolitan schools, has accordingly given notice to the teachers of anatomy in London that he will require to be transmitted to him within two months certificates of interment relating to bodies received for anatomical purposes during the winter session; but that for bodies received prior to the 1st of October in each year, the period will be extended to the full six months, if required.

It will thus be seen that the legal period for the dissection of a body is practically extended to two months; and this may be a convenience. At the same time every facility is given to those teachers who, like Professor Humphry, the father of the new Act, desire to receive subjects during the last four months of the summer with a view to their being preserved until required for dissection in October. We shall be curious to see what effect the alteration will have upon the supply of subjects in the rooms in October, when there is always a rush of anxious aspirants after anatomical research; and shall be glad to know from the teachers what success has attended their efforts in the preservation of subjects in a state fit for dissection—a matter which has hitherto proved one of great difficulty.

THE INDIAN MEDICAL SERVICE.

On Monday last, in the House of Commons, Colonel Sykes put a question to the Under-Secretary of State for India relative to the Indian medical service, indicating the "total and grievous loss of time and money" incurred by Indian medical men of various castes and grades who have come over to England for the purpose of competing for Indian medical appointments. The reply of Mr. Grant Duff was stereotyped and eminently unsatisfactory. We have on several occasions referred to this subject, and have again to reiterate our conviction that the India Office, by pursuing this policy, lose a grand opportunity of strengthening our friendly and political associations with the educated native classes of India. These men have received an education at the chief colleges of Calcutta, Madras, and Bombay, by no means inferior to the curricula of the medical schools of Great Britain, and have incurred considerable expense in placing themselves in a position to compete for the Indian medical appointments. We take it to be the duty of the authorities at the India Office to have a better and more business-like understanding with the Government of India on these and kindred matters, so that the latter may "inform" the former a little more in advance, and also that their representative in the House may have a remote idea on this, if not on other questions, affecting the well-being of the largest dependence of the British Empire.

THE CARE OF PAUPER LUNATICS.

We have frequently condemned the practice of consigning harmless pauper lunatics to a living death in huge hospitals far out of the reach of relatives and friends. It may be convenient to get rid of them in this way, but it is neither kind nor economical. It is only right that they should enjoy such liberty and association with intelligent persons as they are able to appreciate; and experience has proved in Scotland that their physical health is greatly improved by such freedom. The Committee on the Scotch Poor Laws report that the evidence regarding the treatment and condition of pauper lunatics who are boarded-out is on the whole satisfactory. They observe that the expense of maintaining pauper lunatics in asylums is a heavy and increasing charge; and they suggest that with a proper system of supervision many more harmless lunatics might advantageously be boarded out, the expense being considerably less than it is in asylums.

FOUNDER'S DAY AT EPSOM COLLEGE.

Founder's day was celebrated on July 20th. The prefects' breakfast, which has now come to be considered an annual institution, was held in the morning, when about sixteen past and present prefects sat down to an excellent spread. Chapel followed at 1.15; after which came the "speeches" in the school-room, the head master prefixing them by a few remarks in explanation of recent alterations, and the addition of a quasi-science department. If comparisons are not always odious, we may be allowed to select the "Shakespeare" as being the most successful, although the "Terence" was hardly inferior in point of

liveliness. The new pronunciation of Latin has but lately come into vogue at Epsom, but notwithstanding the boys seemed well at home with it. A list of the principal prizes is given elsewhere.

The announcement from the lips of the head master that Mr. Erasmus Wilson had signed a cheque for the erection of the first master's house, was received with loud cheering, and we can only hope that his generous example will be imitated.

We are happy to say that the general health of the College during the past year has been excellent. The majority of the school have been revaccinated, and illness has been confined to slight catarrhs.

THE MEDICAL OFFICER AND THE MASTER OF TIVERTON WORKHOUSE.

THE Poor-law Board have delivered their judgment in the quarrel going on between the medical officer and the master of the Tiverton Workhouse. It may be remembered that the medical officer, Mr. Terry, refused to certify for the removal of a harmless lunatic who had been excited by ill-treatment, and that she was subsequently removed on the certificate of another medical man, and discharged from the lunatic asylum a week afterwards. Charges and counter-charges between the medical officer and the master have since been made the subject of a Poor-law Board inquiry, and that exceedingly unsatisfactory tribunal has, as usual, delivered a judgment with which probably nobody will be satisfied. As the matters complained of are themselves most frivolous, the question is reduced to the dimensions of a personal quarrel, forced upon the medical officer in consequence of his having interfered to protect an imbecile inmate from improper treatment. Mr. Terry may well afford to treat the matter with contempt; and if he should still find himself annoyed by the petty discomforts and inconveniences which an unfriendly master has it in his power to inflict almost with impunity, we would strongly advise him in future to consult his own comfort by placing his resignation in the hands of the Poor-law Board.

HERBALISM.

A FEW weeks ago we had to comment on the death of a young man in Camden-town, accelerated, in the opinion of the jury, by podophyllin and other strong purgatives, administered by a herbalist who had visited and attended on deceased. The *Bridlington Observer* gives the particulars of an inquiry into the cause of death of Anne Dowsland, aged forty-seven, who used to suffer from asthmatic cough and its concomitants. Mr. Robinson, a medical herbalist of Hull, called upon her and induced her to have a box of his pills, containing jalap, aloes, ginger, cayenne, &c., for 2s. 9d., and promised to call again in October. The herbalist said there was swelling at her chest which wanted removing. The deceased was much purged, and complained of severe burning pains in the inside. She took some of "Dr. Rooke's" pills at the same time as she took Robinson's. Dr. Allison made a post-mortem, and found the lungs congested and other parts healthy, except several feet of intestine, which were in a state of inflammation. He and Dr. Nelson agreed that the use of such purgatives in such circumstances would accelerate death, and the jury passed a verdict to this effect. It is very sad to think of ignorant people with serious diseases being coarsely and injuriously treated. But clearly it is not the duty of the medical profession to do more in such cases than explain the facts to the jury. The principle of our law is that people may take their advice and their medicines from any one they please; from an itinerant doctor, to wit, who will come again next October, as in this case. Of course this liberty involves risk to life. But what is life compared with the right to take jalap and aloes from a herbalist!

THE CONJOINT EXAMINATION SCHEME.

WE understand that at their meeting on Monday last the Council of the College of Surgeons adopted, with certain verbal alterations, the scheme of the College of Physicians, the question of the division of fees being reserved for future consideration. It is proposed that the fee for the conjoint examination shall be not less than thirty guineas, and in the case of University graduates, who will be compelled to pass a final examination only, £5. We believe that the University of London approves the scheme. The Apothecaries' Company does not join.

GRATITUDE FOR VACCINATION.

A CORRESPONDENT calls attention in *The Times* to the fact that the only living relative of the discoverer of vaccination bearing his name is now living on 10s. a week, in a poor cottage in the parish of Berkeley. We called attention to this subject two years ago, in the hope that something might be done towards relieving his poverty, but our efforts, unhappily, met with small success. Now that the leading journal has given publicity to this subject we trust that something may be done for the descendant of a man whose claims on the gratitude of the world were never greater than at present, when everyone gifted with common sense is resorting to vaccination to avert an attack of small-pox. We will gladly receive any contribution for the purpose.

GREENWICH HOSPITAL.

A PUBLIC MEETING was held on Thursday evening last, the 27th inst., for the purpose of directing the attention of the Government to the empty condition of Greenwich Hospital. We are unable to report the proceedings this week, but take this opportunity to state that, having regard to the fact that Greenwich forms the centre of a very large metropolitan district, totally unprovided with hospital accommodation for the public, a great boon would be afforded if the Admiralty gave one wing of this enormous pile for such a purpose.

THE OUTBREAK OF CHOLERA AT SECUNDERABAD.

WE have no doubt that all the facts connected with the late outbreak of cholera in the 18th Hussars will be rigidly investigated. Its origin at present appears to be a question of surmise. Among the causes to which it was attributed was the use of impure drinking water, which the native servants were believed to have been procuring for the troops from a well that had been long ago condemned. A correspondent of *The Times*, who claims to be well acquainted with Secunderabad and the barracks occupied by the 18th Hussars, has since pointed to the connexion of the outbreak with impure well water as probable. The reputation of the barracks at Secunderabad has long been a bad one.

MEMORIAL TO THE LATE DR. ADAMSON.

FEW practitioners have deserved better of their immediate *clientèle* than the late Dr. Adamson, and we are glad to learn that St. Andrews, the scene of his labours, is about to embody her gratitude to him in a memorial. A new institute and library, to be built alongside the Town Hall, is the form which the memorial is to take, and already a considerable sum has been subscribed for the purpose. "The

Adamson Institute," as it will be designated, merits the support of many other communities besides St. Andrews, the gentleman in whose honour it is raised having done more for "preventive medicine" than perhaps any brother practitioner in Scotland.

SMALL MORTALITY OF LAST WEEK.

WHEN we are abusing the summer so much for its want of warmth, it is only fair to note the advantage to life of this circumstance, as shown in the fact that the deaths in London, including 135 from small-pox, were still 328 below the average of the corresponding weeks in the last ten years. In other words, instead of being 1609, they were 1281. Deaths from diarrhœa are 123 below the average. This consists with the observation of practitioners, that the prevalent sickness has not hitherto been diarrhœal so much as catarrhal.

IT will be gratifying to the advocates of Out-patient Reform to know that their labours are already bringing forth fruit. The Committee of the South-Western Provident Dispensary, in appealing for the support of the benevolent to establish the institution on sound provident principles, have largely quoted the reports of the Reform Committee. They have also adopted the recommendation to abolish the direct payment of 1s. by the patients. We are likewise informed that it is proposed to republish the report on General Hospitals, and to circulate it amongst the governing bodies of these hospitals both in town and country.

THE Obstetrical Society's Committee for recording observations on temperature during pregnancy, parturition, and the puerperal state, has issued a printed form *ad hoc*. The profession, we trust, will heartily co-operate in the object the Society seeks to promote. The forms in question may be had on application to Dr. Arthur Edis, and, when filled in, should be returned to the same gentleman at 23, Sackville-street, W. The committee itself, our readers may like to know, consists of Dr. Braxton Hicks, Dr. Phillips, Dr. Squire, Dr. Edis, Dr. Playfair, and Dr. Brodie.

THE Parliamentary Committee of the British Medical Association have passed a resolution in favour of the Irish system of dispensaries, providing the distribution of tickets be entrusted to the relieving officers, subject to confirmation by the guardians. They also approved of the Local Government Bill, as calculated to add greatly to the facilities for carrying out the various Acts relating to public health. The committee approved of the Lunacy Regulation Bill for Ireland, and appointed a sub-committee to draw up amendments in the Pharmacy Bill.

AT a meeting of the Weekly Board of the Westminster Hospital, on Tuesday, the 25th inst., to receive applications for the appointment of surgeon and assistant-surgeon, Mr. Pearse, the senior assistant-surgeon, was recommended for the appointment of full surgeon. Two gentlemen applied for the vacant assistant-surgeoncy, Mr. Cooke and Mr. Roberts, and have intimated their intention of canvassing the governors. The election is advertised for the 4th of August.

THE Committee of the Durham County Hospital, in order to mark their appreciation of the services rendered to that institution by Dr. John Trotter over a period of more than fifty years, have presented him with an address, handsomely illuminated and framed, expressive of their gratitude for what he has done, and of their regret that advancing years have impelled him to withdraw from the post of physician so long held by him.

THE following Memoers were elected Fellows of the College of Physicians on Thursday:—Dr. Bishop, Paris; Dr. Leared; Dr. Child, Oxford; Dr. Hitchman, Mickleover; Dr. Drake, Southernhay; Dr. Copeman, Norwich; Dr. Wade, Birmingham; Dr. Frank; Dr. Stevenson, Guy's; Dr. Theodore Williams; Dr. Tilbury Fox; Dr. Waring; and Dr. Hensley.

A BENEVOLENT member of our profession writes from Brittany to the *Courrier Médicale* of Paris, saying that in his province medical practitioners will be happy to give shelter to any children of medical men who, during the late calamities which have fallen upon the capital, have lost father and mother. Such a proposal does credit to the writer, to his professional brethren, and to the spirit reigning in the ancient and hospitable province of Brittany.

THE Guardians of Hackney have awarded a gratuity of 100 guineas to Dr. Millar for his services during the late epidemic of small-pox. Dr. Millar had the entire management of the Temporary Small-pox Hospital, established by the guardians, in which upwards of 200 cases have been treated. The death-rate in this small hospital was only 11 per cent.

THE new Royal Infirmary at Edinburgh, the foundation-stone of which was laid last October by H.R.H. the Prince of Wales, is at length in the first stage of erection. The working plans for the building are ready, and the estimates will be obtained and the contracts made so as to admit of architectural operations commencing next month.

WE understand that Mr. Morris, the surgical registrar of the Middlesex Hospital, is a candidate for the vacant assistant-surgeoncy caused by the removal of Mr. Henry Arnott to St. Thomas's Hospital.

THE Brighton Hospital for Sick Children was opened on Friday, the 14th inst., by the Bishop of Chichester. The new building admits forty in-patients, a number which for a trifling outlay may be extended to sixty or eighty.

THE statement that Lady Mordaunt has been returned to her father's family, and that competent authority has declared her to have been simulating insanity, is, we have reason to believe, correct.

THE Medical Committee of University College Hospital have, we hear, recommended that the title of physician shall be conferred upon Dr. Charlton Bastian.

THE PROGRESS OF CHOLERA.

Russia.—The latest returns from St. Petersburg show that on June 13th there were 13 cases of cholera with 4 deaths, gradually rising to 56 attacks with 21 deaths on July 7th. The total from the commencement of the epidemic, on August 29th, 1870, to July 7th, 1871, is as follows:—

	Males.	Females.	Total.
Cases	3566 ...	1764 ...	5330
Recoveries ...	1823 ...	972 ...	2795
Deaths	1515 ...	663 ...	2178

The *Gazette de Police* of St. Petersburg, commenting, on the 22nd of June, upon the increase in the number of cases which had then occurred, and which has grown into a formidable recrudescence of the epidemic, states that the disease then was becoming aggravated, particularly among the workmen employed in the river navigation and among excavators, and gives directions respecting the preparation of warm food and of better shelter for them.

At Moscow, on the 14th June, there were 20 cases and 6 deaths; on the 15th, 33 cases and 16 deaths.

Persia.—News from Teheran, dated the 23rd May, announces the reappearance of cholera at Teheran, Shiraz, and among certain Arab tribes near the river Shat-el-Arab. Later news states that on the 7th June the mortality from cholera had risen at Teheran to 90; and the same news reports that cholera and small-pox had both been signally fatal during the months of March and April at Bushire. In May cholera ceased at Bushire. Still later news reports that the deaths from cholera at Teheran were, on the 9th June, 100, or thereabouts, and that the epidemic had broken out at Korm and Turcomantchai, near Tabriz, at Kashan, and Sheriff Shirsy; at Kerbela, Nedjeff, and Mendeli. The epidemic had ceased at Kiveit and Bedra, on the Persian Gulf.

The present wide prevalence of cholera in Persia would appear to be connected with a general famine, which has inflicted the most dreadful sufferings upon the poorer inhabitants, particularly in the provinces of Ispahan and Herassan. To add to the misery of the country, typhus is reported to have broken out in Teheran, and to have been prevailing there in conjunction with cholera at the time of the latest news. The loss of life from famine and disease was so great that corpses lay unburied at the sides of the roads.

THE SMALL-POX EPIDEMIC.

ALTHOUGH there has been a great and general decrease in the number of fresh cases of small-pox in the metropolis during the last three weeks, there was a remarkable increase during the week ending July 21st, the number of fresh cases reported by the guardians being 287 for the week ending July 14th, and 360 for that ending July 21st. There was a decrease of 28 cases in eight districts, the decrease being greatest in St. Giles's, Kensington, Paddington, and Wandsworth. There was an increase of 121 fresh cases in sixteen districts—of 39 in St. Pancras, 21 in Marylebone, 14 in Islington, and 10 in Westminster.

HOSPITAL ACCOMMODATION.

There being more than 500 vacant beds in the small-pox hospitals, the Metropolitan Asylums Managers have resolved to close Islington Workhouse. The Fever Hospital at Homerton is being prepared for the reception of fever patients, but it is satisfactory to find that there are now only 44 pauper patients in the London Fever Hospital, and no less than 257 empty beds. It is to be hoped that the next difficulty for solution by the managers will be what to do with the large and expensive buildings which will soon be vacant, and how to employ the staffs they have engaged.

Correspondence.

"Audi alteram partem."

THE REPORT ON THE SANITARY STATE OF LIVERPOOL.

To the Editor of THE LANCET.

SIR,—As the proof of the first part of our report on Liverpool has only just left our hands, we think it unlikely either that your reviewer or Mr. Rawlinson, whom you quote, can have seen it; and as this is a matter of some importance, we ask you to insert these few lines stating in substance what we have recommended as regards the management and ventilation of the sewers.

In all sewers containing unavoidable deposits—as, e. g., in sewers affected by the tide—and in all sewers from which there are offensive discharges of such a nature as to admit of remedy by ventilation, we have recommended the erection of spacious and lofty shafts (pp. 33 and 34). As each of these shafts, to be efficient, must be very expensive, it is obvious that their number must be limited, on which account we have recommended that their distribution should be determined by the most careful previous engineering inquiry. We have further enforced the necessity of regular and systematic inspection of the interiors of the sewers; the maintenance of every sewer in such a state that it can be entered at any moment for this purpose; and, with a view to this, the construction of numerous "side-entrances."

If these recommendations are accepted, and if the other matters we have noted in reference to the sewers are attended to, we are of opinion that Liverpool will have little to fear from diseases arising in or communicated through sewers.

We are, Sir, your obedient servants,

E. A. PARKES.
July 25th, 1871. J. BURDON SANDERSON.

*** It is greatly to be regretted that we have not been supplied with a copy of the report of Drs. Parkes and Sanderson, and have been compelled to comment upon the extracts which have appeared in the local papers. We shall be glad to find that those extracts do not fully represent the views of the reporters. At the same time we feel bound to demur at once to the positions assumed in the foregoing letter, that deposits are in any case "unavoidable," and, secondly, that the erection of shafts, however spacious and lofty, will ensure adequate ventilation.—ED. L.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—You have frequently advocated in your columns the claims of the Society for Relief of Widows and Orphans of Medical Men, and surprise has been expressed that so few practitioners in London join it. The Society is a valuable one, and, to my knowledge, the Committee are able and willing to give precious help to the necessitous widows and orphans of our medical brethren. Still, some of the members have their grievances. Mine is connected with Rule xv., which enacts "that if any member elected since the 13th of August, 1842, shall become a widower, he shall, should he marry again, give notice thereof to the Court of Directors, and pay such fine, or additional subscription, as the Court may determine; otherwise the widow or the issue of such subsequent marriage shall not be eligible to receive relief from the funds of the Society."

I object to this rule:—1. Because when you apply to become a member you are not obliged to state whether you are a bachelor, married man, or widower. 2. Because no higher fee, or annual subscription, is required of a member on joining, though he may have been married two or three times; whereas, if previously a member, he is called upon to pay a fine upon each marriage, and at his death his family derive no more benefit. 3. Because to the hard-working general practitioner the fine imposed by the Court of Directors is not a mere nominal one, but, as in my own case, a fine of five guineas paid at once, or an additional annual subscription of one guinea for ten years.

Now, considering that we are led to join by the small annual subscription required, and looking also at the doubtfulness of our families ever receiving any benefit from the Society, I contend that the fine is too large. The Society is really a charitable one, and as such I heartily support it; but if other members of the Society think as I do, that this rule is not equitable and just, I shall be very glad, with their co-operation, to take an early opportunity of getting it altered.

Another grievance is that although Rule xii. gives a member the privilege of becoming a life member by paying, within ten years of his election, a certain sum, no notice is given to the member before this time expires, so that he may have the option to pay it or not.

While objecting to these rules, and the way in which they are carried out, I must also express my belief that money given to this Society is well invested, for it is used in the righteous cause of relieving the needy.

I am, Sir, yours obediently,

St. Paul's-road, Highbury, July, 1871. GEORGE THOMAS KEBLE.

NAVAL MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—We have heard a great deal lately about improving the education and examination of candidates for the Naval Medical Service, and everyone must see with satisfaction the step gained by the Medical Director-General in the admission of young assistant-surgeons of the navy to share the benefits of the Netley course of instruction with their military brethren.

All this is certainly moving in the right direction, but what I wish to point out is that all this trouble, expense, and time will, to a very great extent, be lost, if some plan be not at once adopted not only to enable these young officers to keep up what knowledge they already possess, but to give them opportunities of marching with the rapid progress yearly taking place in the medical and the allied sciences. Every naval medical officer must be painfully conscious of how far he is dropping behind the day, each time he returns from a tour of foreign service, and perhaps revisits the hospital where, but a few short years before, as a student, he prided himself on his knowledge of all the latest views of medical science, but where he now feels like a stranger among the new theories and the changing nomenclature of his own profession. Such must infallibly be the fate of the new, as it has undoubtedly been that of the passing and past generations of assistant-surgeons in the navy.

To help to obviate such a future from those now entering the service through the Netley portal, as well as to remove as far as possible the standing reproach of being "rusty," and "old school," which I fear is too often with justice applied to many senior medical officers of all grades, the Admiralty must be persuaded to open Netley to the officers already many years in the service, as it is, I believe, to those in the army. Their lordships would thus only be doing for the medical what they have for years done for the executive officers at the N.R. College, Portsmouth.

I feel sure that the truth of what I have stated is generally held by all those medical officers whose love for their profession, whose self-respect, and whose zeal for the service are not entirely blotted out by long, hopeless years of service on board ship; and by none I would fain hope is the necessity for improvement more fully appreciated than by the present Director-General, who doubtless has had many difficulties to overcome in carrying out the late changes in the medical service of the navy. We have the greater need to strive to improve ourselves seeing how much stress is being at present laid upon the improved education, not only of naval officers, but of all classes of the people.

Trusting that you will find space in THE LANCET for this letter, and that it may draw the attention of those in authority to a very important subject,

I am, Sir, yours truly,

A SURGEON R.N. OF SEVEN YEARS' SERVICE.

July 18th, 1871.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

SMALL-POX is still prevalent in Birmingham. Several cases are at the present time in the General Hospital and in the hands of the parish surgeons. It is reported that the authorities at the Queen's Hospital, although they have a detached building specially set apart for contagious diseases, decline to receive patients suffering from small-pox, although they have permitted the use of their ambulance for the conveyance of such cases to the sister institution. On what ground such a regulation has been made it is difficult to conjecture, but the sooner it is rescinded the better it will be for the credit and usefulness of the institution.

The following circular has been sent by the Sewage Enquiry Committee to the honorary physicians and surgeons of the medical institutions of Birmingham, and to the borough and parish medical officers:—

"SIR,—I am instructed by this Committee respectfully to invite your opinion as to any effect on the public health which you may have observed, in your medical experience, to be caused by gases exhaling from the sewers, and at the same time to solicit suggestions for the remedy of any evil arising therefrom. The special questions on which the Committee are anxious to obtain information are as follows:—1. Do the character and the constituents of gases, any, escaping from the sewers, indicate that they result to a great extent from the connexion of waterclosets, privies, ashpits, and middens with the sewers, and the consequent introduction therein of animal excreta? 2. Have you observed in the course of your practice that the water used for drinking or domestic purposes, obtained from wells situated in the vicinity of ashpits and middens, is contaminated to any serious extent by drainage into the wells from such ashpits and middens? 3. The effect on public health of gases, if any, escaping from the sewers into the interior of dwelling-houses, through waterclosets or drains. 4. The effect on public health of the system of open privies, ashpits, and middens, so extensively used in the crowded courts and densely populated districts of Birmingham, whether such pits and middens are drained into the sewers or otherwise. 5. The effect on public health of the use of water, for drinking or domestic purposes, contaminated as above described. 6. Does your medical experience lead you to conclude that small-pox, scarlet, typhus, or other fevers, cholera or any other diseases, epidemic or otherwise, are directly traceable to any of the above-mentioned causes? 7. Can you suggest any remedy for the injurious effect, if any, on the public health, which in your opinion is thus traceable? The committee will be greatly obliged if you will have the kindness to give them, at your earliest convenience, as much information as possible on all or any of these points.—I am, Sir, your obedient servant, "G. S. MATHEWS, Secretary.

"Town Clerk's Office, Birmingham, July 18th, 1871."

It will thus be seen that the Town Council, before adopting the expensive plan of irrigation to which I alluded in a former letter, have prudently asked the advice of some of the leading practitioners of the town as to the propriety of this or other methods of dealing with the sewage of the borough. It would perhaps have been wiser to invite the medical gentlemen in question to meet and discuss this difficult problem. Probably so many different opinions will be expressed in the various letters which will be sent to the Sewage Inquiry Committee, that the confusion will be worse confounded than ever, and that the old proverb, "quot homines tot sententiæ" will be fully realised. Doubtless there are few, if any, of the members of the medical profession who would like to take the responsibility of calling the profession together for the purpose of this discussion, though it is pretty certain that many would be glad if this step were taken by some independent authority outside the profession, and I would suggest that the Mayor is the proper person to take the initiative in the matter.

Dr. William Thomas, M.B. Lond. and F.R.C.S. (Exam.), has been elected Professor of Anatomy in place of Mr. West. There were three candidates for the appointment, but Dr. Thomas's claims as Demonstrator of the College for several years, together with his high professional qualifications, secured for him a majority of the votes of the council.

Birmingham, July 25th, 1871.

VIENNA.

(FROM OUR OWN CORRESPONDENT.)

THE summer session is here rapidly drawing to a close, and already there is a perceptible decrease in the number of students in and about the "Krankenhaus." Within a week probably most of the laboratories and lecture theatres will be shut.

The interval between now and October will have to be made the most of in carrying out very extensive alterations connected with the Medical Faculty of the University. The block of buildings known as the "Alte Gewehrfabrik" in the Währinger Strasse will be entirely given up to the latter, by the removal of an art school and other institutions unconnected with medicine, at present occupying a corner of it, and Professors Hyrtl, Brücke, and Auger, &c.,

will have additional space given to them, while two rooms will be provided for the "Privat Docenten" of certain specialties—e.g., aural surgery and electro-therapeutics—who at present teach rather by sufferance than by right in some of the professors' lecture theatres in the hospital. The wards formerly belonging to Professor Skoda will also be rearranged. It is stated that Professor Braun has asked the authorities for a small garden shut off from public view for the use of those women who are about to be, or who have recently been, confined in his lying-in wards. Such a garden would be a great improvement on the present system, which allows the hospital yards near the midwifery department on fine days to be lined with rows of rather unpicturesque female forms, who show only too evidently that they are members of a "Band of Hope," and both patients and public would gain by the alteration.

For ordinary in-patients the Vienna General Hospital has the inestimable advantage of a large, sheltered, and shady garden, nicely laid out with shrubs and flowers, and in which there is room for all who are able to leave the wards. Many cases of joint disease and amputations which are able to be moved are here carried out in the morning, and laid on beds in the shade, where they remain all day, with marked benefit from the fresh air.

The sanitary state of Vienna is at present fairly satisfactory, with the exception of the still lingering epidemic of typhoid and typhus fevers, which has, however, considerably diminished in intensity. The summer here has been unusually wet and cold, and until last week, when the thermometer rose to 80° in the shade, there had been no really hot weather. To the rains we probably owe the healthiness of this city, which have kept drains and sewers well flushed, and further saved us from the clouds of suffocating dust for which Vienna is usually famous in summer and which are considered as potent causes of its high mortality from "phthisical" lung diseases.

In the present week a case of true cholera was admitted into the General Hospital, and died in twelve hours. The post-mortem, made by Prof. Rokitansky, confirmed the diagnosis during life. Two other cases, one fatal, have been reported in the district from which the patient came. It is hoped that the disease will make no further spread. Sporadic cases occur every year in the summer. Professor Billroth has received the Iron Cross from the Emperor of Germany for his ambulance services in the Franco-Prussian war.

Vienna, July 15th, 1871.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. — At an extraordinary meeting of the College on July 24th the following gentleman was duly admitted a Member of the College:—

Yeo, I. Burney, M.B. Lond., St. James's-street.

And the following gentlemen, having conformed to the bye-laws and regulations and passed the required examinations, were granted licences to practise Physic (including therein the practice of Medicine, Surgery, and Midwifery:—

Bayley, Robert Luther, M.D., High-street, Stourbridge.
Cottle, Ernest Wyndham, B.A. Oxon., M.R.C.S., Southampton.
Curling, William, Guildford-street, Russell-square.
Deeping, George Davidson, Castle-terrace, Newark.
Edis, William Hodgson, M.B. Toronto, Toronto.
Ewart, John Henry, M.R.C.S., Gipsy-hill.
Goddard, Eugene, M.R.C.S., Pentonville-road.
Lewis, Lewis, M.R.C.S., Argyll-square.
Lycett, John Allan, M.R.C.S., Middlesex Hospital.
Moore, Edward William, M.R.C.S., Grove-park, Chiswick.
Noakes, Samuel Silvertborne, M.R.C.S., Charing-cross Hospital.
Parrott, Edward John, M.R.C.S., Buckland, near Tring.
Power, Thomas, Stepney-green.
Ransom, Fredk. Parlett Fisher, King's College Hospital.
Strafford, Thomas, M.R.C.S., Ripley, Derby.
Waller, Walter Augustus Ewen, M.R.C.S., Guy's Hospital.
Waterhouse, Frederick, M.R.C.S., Pontypridd.
Yarrow, Geo. Eugene, M.D. Heidel., M.R.C.S., Old-street.

At the ordinary quarterly meeting on July 27th, the following gentlemen, having passed the required examinations, were duly admitted as Members:—

Carter, William, M.B. Lond., Elizabeth-street, Liverpool.
Clarke, Jacob Augustus Lockhart, M.D. St. And., Warwick-street.
Eastwood, Joseph Wm., M.D. Edin., Dinsdale-park, Darlington.
Evans, Geo. Henry, M.D. Camb., St. Thomas's Hospital.
May, Emanuel, Bedford-place, Russell-square.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on July 20th:—

Aikin, Charles Edmund, Clifton-place.
Baldock, Alfred, Charterhouse-square.
Biggs, Moses George, Welford, Northamptonshire.
Bryan, Francis Charles, Delamere-crescent.
Fosbroke, George Haynes, Bidford, Redditch.
Furner, Willoughby, King's-road, Brighton.
Harris, Michael, Hackney.
Tombs, George Augustus, Cirencester.

As Assistant in Compounding and Dispensing Medicines:—

Bradley, John, Bingley, Yorkshire.

On the same day the following gentlemen passed their first professional examination:—

George Bosson, George Augustus Davies, and Richard John Carey, University College; James Parker Brumwell, Guy's; Chas. Aikin Brodribb, St. Mary's; Francis Benjamin Brodribb and William Littleton Webber, St. Bartholomew's; Herbert Alfred Lawton, St. Thomas's; John Moxon, King's College; William Lewis Morgan and Harry Tom Shapley, London Hospital.

DR. STALLARD will deliver a lecture on the Sanitary Requirements of the Town of Liverpool, at the Liverpool Royal Institution, Colquit-street, on Monday next, the 31st.

SMALL-POX IN FLORENCE.—The "Imparziale" of July 16th, 1871, states that the epidemic is on the decrease, and that the recoveries are far more numerous than heretofore.

THE HEALTH OF PARIS.—The "Gazette Médicale" of July 22nd says the sanitary state of Paris is excellent; the weekly rate of mortality is on the decrease; no epidemic whatever is reported.

BEQUEST.—Mr. Richard Thomas Alchin, of Brighton, bequeathed to the Kent County Hospital, Sussex Hospital, Burton-crescent Dispensary, and the Cancer Hospital, £500 each, free of duty.

THE EMPEROR OF BRAZIL.—Science has its special attractions for the Emperor of Brazil. On Friday, July 21st, his Majesty visited the Hunterian Museum of the Royal College of Surgeons, where he was received by Mr. G. Busk, F.R.S., president of the College, and Prof. Flower, F.R.S., the conservator of the museum, and spent upwards of an hour in examining the unrivalled collection. His Majesty displayed a remarkable familiarity with the principal subjects illustrated in the museum, and an acquaintance with recent English scientific literature, showing, by his remarks and the interest he took in various specimens in the collection, that comparative anatomy and zoology are included among the numerous branches of knowledge in which he is well versed.

UGO FOSCOLO.—It is well known that this great poet died and was buried in London forty-four years ago. His remains have lately been exhumed, and consigned to the grave at Florence with great pomp. Prof. Mantegazza was entrusted with the examination of the corpse, and we gather from an article in *L'Imparziale*, July 16th, 1871, that it was found in that state of preservation known under the name of saponification. M. Mantegazza gives extremely interesting details of his inspection of the skull, and has found unmistakable signs of the intellectual superiority of the departed poet. Those interested will find the cranioscopy of Foscolo in the "Archives per l'Antropologia e l'Etnologia."

EPSOM COLLEGE.—The following is a list of some of the principal prizes distributed at this institution on the 20th inst.:—Watts prize (Botany): F. Goodchild, E. Sloman. Propert prize: W. R. Parker. Engledue prizes: M. M. Pope, H. C. Wright, W. R. Parker. Carr prize: Stephens. Sterry prize: W. E. Tennant. Brande prizes: A. C. Fox, W. R. Parker. Forrest scholarship: W. R. Parker. Gilchrist Scholarship: W. R. Parker. History: A. C. Fox. Mathematics: W. R. Parker, Bakewell, Mathews, A. Alsop. English: A. C. Fox. Senior Scholarships (£15): A. C. Fox, W. R. Parker. Junior Scholarships (£15): A. Cutfield, W. P. Clark. Dr. Silver's Class: H. M. Bannister (Botany), F. Goodchild (Zoology). Chemistry: W. R. Parker. Wakley Good Conduct (£20) decided by vote of school: H. C. Wright. Medical Scholarships: W. Johnstone (University College Hospital), F. H. Carter (St. Bartholomew's).

Medical Appointments.

BARNES, W. L., L.R.C.P.L., M.R.C.S.E., has been appointed Assistant Medical Officer to the Portland Convict Prison, vice D. Nicolson, M.B., C.M., appointed to the Invalid Prison, Woking.

BROWN, Mr. J., has been appointed Assistant Resident Medical Officer to the Leeds General Infirmary, vice Snell, resigned.

CATON, R., M.D., has been appointed Demonstrator of Practical Physiology and Histology at the Liverpool Royal Infirmary School of Medicine, vice P. M. Braidwood, M.D., L.R.C.S.Ed., resigned.

COLBY, G., M.R.C.S.E., has been reappointed House-Surgeon to the Dispensary, Malton, Yorkshire.

DOVE, W. W., L.R.C.P.Ed., late Clinical Assistant to the West Riding of Yorkshire Lunatic Asylum, has been appointed Assistant Medical Officer to the Somersetshire Lunatic Asylum, Wells, vice F. D. Power, M.R.C.S.E., resigned.

HARRIS, M., M.R.C.S.E., has been appointed House-Surgeon to the Evelina Hospital for Sick Children, vice C. J. Oldham, L.R.C.P.L., M.R.C.S.E., resigned.

LANSDOWN, F. P., M.R.C.S.E., has been re-elected a Surgeon to the Bristol General Hospital, on the expiration of his term of office.

LEY, R., jun., M.R.C.S.E., has been appointed Medical Officer for District No. 9 of the South Molton Union, vice R. Ley, M.R.C.S.E., resigned.

M'CRAITH, E., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Attendant to the Royal Irish Constabulary, Mitchelstown, Co. Cork, vice J. Phelan, M.R.C.S.E., deceased.

MACKECHNIE, D., L.F.P. & S. Glas., has been appointed Medical Officer for the Escomb District of the Auckland Union.

REDMOND, C. S., L.K.Q.C.P.I., L.R.C.S.I., has been elected Resident Medical Officer to the Gateshead Dispensary, vice F. W. Newcombe, M.D., M.R.C.S.E., resigned.

RIDDON, A., M.R.C.P.L., M.R.C.S.E., has been appointed Second Resident House-Physician to St. George's Hospital, consequent upon the abolition of the office of Resident Medical Officer.

SCOTT, W. G., M.B., C.M., has been appointed House-Surgeon to the Blackburn and East Lancashire Infirmary, vice R. A. Morrish, M.R.C.S.E., resigned.

SCULLY, J., L.D.S. R.C.S.E., has been appointed an Assistant Dental Surgeon to the Dental Hospital of London, vice A. Hill, L.D.S. R.C.S.E., appointed a Dental Surgeon.

STAMPORD, W. A., M.R.C.S.E., has been appointed Medical Officer for District No. 6 of the Mansfield Union, vice J. J. Bingham, L.R.C.P.Ed., M.R.C.S.E., resigned.

STEVENSON, R., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Surgeon to the Eglinton Iron Company, Muirkirk, Ayrshire, vice A. MacLean, M.D., deceased.

STOCKER, J. R., M.B., has been appointed Medical Tutor and Pathologist at St. Mary's Hospital Medical School.

TORRANCE, R., L.R.C.P.Ed., has been appointed Medical Officer for the Stamfordham District of the Castle Ward Union, Northumberland.

TURNER, J. S., M.R.C.S.E., L.D.S., has been appointed Lecturer on Mechanical Dentistry at the London School of Dental Surgery, vice Robt. Hepburn, L.D.S. R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

HINGSTON.—On the 13th inst., at Clifton, Yorkshire, the wife of J. Tregelles Hingston, M.R.C.S.E., Medical Superintendent of the North Riding Asylum, of a son.

JONES.—On the 17th inst., at Ashbrook-place, Brecon, the wife of Dr. Talfourd Jones, of a daughter.

RAWSON.—On the 17th inst., the wife of W. F. Rawson, L.R.C.P.Ed., of Low Moor, Yorkshire, of a son, still-born.

WILLIAMS.—On the 18th inst., at Vronhaul, Festiniog, the wife of William Williams, Surgeon, of a daughter.

MARRIAGES.

ELLERY—CLARK.—On the 20th inst., at Plympton St. Mary, Devon, R. Ellery, L.R.C.P., M.R.C.S., L.S.A., of Ridgway, Plympton, to Elizabeth Mary, third daughter of James E. Clark, Esq., of Underwood, Plympton, Devon.

GOYDER—THOMAS.—On the 20th inst., at St. Mary's, Moseley, near Birmingham, David Goyder, M.D., of Bradford, Yorkshire, son of the Rev. D. G. Goyder, of Wivenhoe, Essex, to Ann Eliza, second daughter of Robt. Thomas, Surgeon, of Rawdon, near Leeds.—No Cards.

HUBERT—CLARIDGE.—On the 13th inst., at St. Peter's, Great Berkhamstead, Herts, W. H. Hubert, M.R.C.S.E., L.S.A., of Billingshurst, Sussex, to Isabel, elder daughter of W. Claridge, Esq.

POOLEY—WRIGHT.—On the 18th inst., at St. James's Church, Richard Chas. Mason Pooley, Physician, &c., Resident Medical Officer of Rochdale Infirmary, to Charlotte Louisa, youngest daughter of Joseph Wright, Esq., of Eden-vale, Dublin.

ROBERTSON—NORTON.—On the 12th of May, at St. Peter's Church, Melbourne, Robert Robertson, M.R.C.S.E., of Ea-t-street, Kilda, near Melbourne, to Joanna Kate, only daughter of C. Norton, Esq., of Melbourne.

DEATHS.

BRADY.—On the 12th inst., at Rue des Alpes, Geneva, Thomas C. Brady, M.R.C.S.E., late Surgeon 8th Regiment.

CLARKE.—On the 21st inst., at Shallowfield House, Norton-bridge, William Clarke, Surgeon, aged 59.

COURTNEY.—On the 16th inst., at Haslar (from blood-poisoning in dressing a wound), Charles F. A. Courtney, Surgeon R.N., late of H.M.'s Ship "Orontes."

ROSS.—On the 19th inst., at Upper Lewes-road, Brighton, W. H. B. Ross, L.R.C.S.Ed., Surgeon-Major Bengal Army (retired list), aged 55.

SHIRLEY.—On the 20th inst., at Grove-terrace, Highgate-road, Henry James Shirley, F.R.C.S., late Surgeon Worcester Militia, and Assistant-Surgeon to H.M.'s Cavalry Staff, Canterbury and Shorncliff aged 52.

Medical Diary of the Week.

Monday, July 31.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Aug. 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Wednesday, Aug. 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, Aug. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Friday, Aug. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Aug. 5.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

CURIOUS CASE OF CONGENITAL MALFORMATION.

A VERY interesting case of malformation of a precisely similar nature, occurring in three members of the same family, has lately been seen among Dr. Squarey's out-patients at the Soho Hospital. The patients are three sisters, aged respectively 26, 18, and 16. The eldest of the three was aware of her abnormality, and came to the hospital to see if anything could be done for her. On examination, the vagina was found to be merely a cul-de-sac, about three inches in length; no os uteri was to be felt, and every method of examination only tended to show that the uterus was absent. She casually mentioned that her younger sister, like herself, had never menstruated. The second sister was accordingly examined; her vagina was a cul-de-sac, about half the length of her elder sister's, and no evidence of a uterus could anywhere be detected. The youngest of the three sisters was also found to be in the same state. This is a very interesting and, we should fancy, an almost unique case; for although it is common enough for malformations to occur in several members of the same family, they have generally been inherited from one or the other parent, and in the present instance it is difficult to conceive how this could have happened. It would be interesting to know if any similar malformations exist in any of the collateral branches of the family. It is impossible that such can have existed in the direct line. The mother of these patients is, we understand, the second wife of her husband. All her husband's first family, including three daughters, are quite healthy, the daughters having married, and borne children. We hope that these very interesting cases will be reported at length.

Mr. E. J. Grabham, (City-road.)—The one is a word of Latin, the other of Saxon, origin for the same thing. The distinction our correspondent makes is ingenious, but is not generally observed.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

WE regret to be compelled to postpone the account of the annual meeting of this Association until next week.

THE MEDICAL MEN OF PARIS DURING THE REIGN OF THE COMMUNE.

DURING the Commune, especially at the latter period of its existence, a great many medical men wisely left Paris, and conducted themselves and their families to the neighbouring country, such as Versailles, Fontainebleau, &c. &c. Only a very few medical men took a prominent part in the proceedings of the Commune. Among the members of the Communal Government were Dr. Tony Moilin, Dr. Parisel, a pharmacien of the name of Mottu, and a veterinary surgeon called Régère. Dr. Tony Moilin has been shot; Mottu and Parisel have not yet been detected; Régère is a prisoner at Versailles. Tony Moilin was a man of restless temperament, of radical political ideas, and of great ambition. He resided in the Rue de Seine, where he used to give consultations on diseases of the eyes. In order to gain a rapid practice, he resorted to means which were far from being consistent with the dignity of the profession. Thus he had recourse to painting the eyes of his patients, placing large multicoloured dots all round the forehead and cheek-bones, and instructing them not to rub off the painting, as it was highly efficacious in their disease. Having thus tatooed them, he sent them out into the streets, where they became so many ambulatory puffs for the doctor. He had published innumerable *brochures* with the view of giving publicity to his name. He was not a regular member of the Commune, but had taken charge of the mairie of his arrondissement. The soldiers on entering Paris made him a prisoner, and shot him in the garden of the Luxembourg. With the exception of these individuals, no man strictly belonging to the medical profession took any prominent part in the Communal administration. Several medical men received appointments which they never filled, and have since protested against their nomination as having taken place without their knowledge and consent. Thus M. Naquet, a vice-professor of the Faculty, was named Dean of the School, in lieu of M. Wurtz, but never filled the appointment, he being constantly absent from Paris during the whole time of the Commune. Drs. Dupré and Rambaud, who received like appointments, have also protested, together with many others. It does appear, however, that a certain number of persons belonging to the profession suffered themselves to be enrolled in the battalions of Federates as army surgeons. They were chiefly students. The Government, who had caused some of them to be arrested, has already wisely discharged a great many of the prisoners, considering that they were not fighters, but were in the discharge of a duty of humanity even to insurgents. As a rule, the Commune did not molest the medical men who remained in Paris, nor enforce upon them any special duties or occupation. The hospitals were at all times respected, save the interference of the male and female delegates of the Commune in respect of the administrative and religious departments of the institutions. The medical men of Paris were exposed however, to the insults of individuals in the streets, who upbraided them with wearing the white badge and red cross as an excuse for not doing the duty of a soldier towards the Communes. This led many of them to leave Paris. The last crash of events unfortunately affected some members of the profession. Dr. Dechambre, the talented editor of *La Gazette Hebdomadaire*, who was out visiting his patients, found his house on his return completely burnt down, with every thing which it contained, amidst the conflagration of the Rue de Lille. Dr. Genouville, of la Place de la Croix Rouge, has also suffered in the same way.

Mr. John Benish had better take the opinion of his usual medical attendant in the matter.

OPEN SURGERIES.

To the Editor of THE LANCET.

SIR,—Your correspondent's letter in THE LANCET of the 1st instant opens, in my opinion, a very important question. You, Sir, in common with the majority of the profession, have been, and still are, endeavouring to raise the standard of medical education, and thus elevate the whole body in the estimation of the public. Now, the establishment of open surgeries with chemist's retail must tend in a contrary direction. It fosters the idea that the value of medical services is to be judged by the amount of medicine sent. It brings the profession thus represented to the level of the trade to which it is united. Surely something can be done by the qualifying bodies to prevent the increase of such anomalies. What is the meaning of the affirmation taken by every M.R.C.S. on receiving his diploma, "that he will uphold the *dignity* of the College," if no notice is taken of the undignified practice in question?

Yours obediently,

July 13th, 1871. GENERAL PRACTICE.

A "CURIOUS" FACT!

A NEWSPAPER paragraph refers to a local outbreak of small-pox in Gloucestershire as being "*curiously* in Dr. Jenner's own parish of Berkeley." The relation here implied between a present existence of small-pox and a former residence of the discoverer of vaccination strikes us as being of a nature analogous to that which exists between the Goodwin sands and Tenterden steeple, so far as cause and effect are concerned. The *Wilts and Gloucester Standard* remarks that if vaccination has been neglected at Berkeley, it is the reverse of "curious" (in the sense of being unusual) that small-pox should attack the inhabitants when it is introduced into the neighbourhood, as it appears to have lately been.

Pro Bono Publico.—We do not reprint articles from newspapers, and could only give particulars of such cases as are alluded to if they were carefully stated and verified. Referring to Mr. Kempster's case, our correspondent alleges—in very careless English, it must be admitted—that a similar state of things obtains at Banbury.

Enquirer, (Morpeth.)—The English "ch," when the equivalent of the Greek *chi*, is pronounced like "k." Do not say "ichiropodist" therefore.

Medicus should communicate with our Publisher on the subject.

THE NEW FORCE.

THE *Spectator* says it is assured that a paper to the same effect as the article by Mr. Crookes on "Psychic Force," in the *Quarterly Journal of Science*, was offered by Mr. Crookes to the Royal Society, of which he is a Fellow, and declined by the Committee on the following grounds:—The Royal Society was quite open to communications advocating the existence of a force in nature as yet unknown, if such communications contain scientific evidence adequate to establish its probability; but that, looking to the inherent improbability of the case stated by Mr. Crookes, and the entire want of scientific precision in the evidence adduced by him, the paper was not regarded as one deserving the attention of the Society.

THE CONTAGIOUS DISEASES ACTS.

To the Editor of THE LANCET.

SIR,—After a stringent inquiry, it is now made plain that the outcry against these wise and humane sanitary Acts has been caused by "gross exaggerations and sheer inventions." As Inspector of Hospitals under these Acts during the first five years of their operation, it fell to my lot to have much to do in organising the machinery required to carry them out effectively. This finding, therefore, of the Royal Commission is no small satisfaction after the virulent opposition—professional, non-professional, and clerical—which the Acts have encountered, and the coarse vituperation heaped on all engaged in carrying out their provisions. The difficulties which had to be met on the first introduction of a law so entirely new to the country will be readily understood. The machinery was slowly, cautiously, and circumspectly introduced, and it is both gratifying and surprising to find it has worked so well that its enemies have been unable to find a flaw in it. Let us hope, then, that in the legislation promised next year these valuable measures of prevention and cure of a wide-spread contagion shall be made not less stringent, and that no limits shall be placed to their extension.

Your obedient servant,

Plaisance, Upper Norwood, July 20th, 1871. P. LEONARD.

To the Editor of THE LANCET.

SIR,—In your Journal of last week is a letter signed by Dr. C. B. Taylor, assigning a reason why cases of abuse of the Contagious Diseases Acts have not been substantiated before the Royal Commission. Dr. Taylor refers to me as his authority for stating that the Commission refused to examine witnesses ready to come forward and prove such cases. I beg to repeat here that the victims of abuse were not examined, though the Chairman of the National Association for the Repeal of the Acts urged upon Mr. Massey, the Chairman of the Royal Commission, the importance of making such arrangements for the examination of "*victims*" as would secure their giving evidence without the risk of accusation of "tampering" by one side or the other. These suggestions were perfectly fair and reasonable, and, in fact, were absolutely necessary for the purpose of getting at the truth, but were not complied with. The statement in the Report of the Commissioners, that charges against the police had not been substantiated, is simply untrue; and it is a fact that that particular passage was protested against by some of the Commissioners, and it certainly appears remarkable that those Commissioners who were against the insertion of that passage did not adopt the logical course of refusing to sign it.

I would further state that some of the cases of abuse submitted to the Commission were merely "disproved" by the simple contradiction of the police. No attempt was made to bring the polite face to face with their accusers or their victims. Other cases of abuse, equally glaring, were not contradicted at all, and they were testified to by gentlemen whose veracity cannot be questioned. These cases and many others, all certified by ladies and gentlemen of undoubted honour and respectability, will be made known to Parliament and to the public in due course, and the nation will then be able to say whether abuses of the Acts are real or not.

Perhaps you will kindly allow me to add that, whilst convinced by ample testimony that legislation like this has been, and always will be, the source of intolerable abuses, the opponents of the Acts by no means base their opposition solely on cases of abuse of the law. Our chief ground of opposition rests on the immorality of such enactments; and to show that this ground is tenable, I would refer to the fact that Mr. Mundella, one of the Commissioners, stated at the recent deputation to Mr. Bruce on this question, that the Government cannot realise, nor can anyone who has not sat on the Commission realise, the depth of immorality existing in those towns where the Acts are in force.

Finally, if, as Editor of an important medical journal, you deem it requisite to place implicit reliance on the decision of the Royal Commission, you will, no doubt, see the necessity for supporting the opponents of the Acts in their endeavours to obtain the immediate enforcement of one of the recommendations of the Commission—viz., "that the periodical examination of the public women be discontinued."

I am, Sir, your obedient servant,

FREDK. CHARLES BANKS,
Secretary to the National Association for the Repeal of the C. D. Acts.

Great Marlborough-street, July 25th, 1871.

*** In addition to the above, we have received a communication from Dr. C. Bell Taylor, of Nottingham. Dr. Taylor is extremely zealous in the work he has undertaken, and if his accuracy only equalled his zeal, he would be a formidable foe to encounter. The Secretary declares that the statement in the Report of the Commissioners, as to the charges against the police not having been substantiated, is simply untrue, and was protested against by some of the Commissioners, who, nevertheless, signed the document—conduct which "certainly appears remarkable" to the Secretary, and, we may add, to us likewise. The depth of the immorality in the towns where the Acts are in force only tends to show the expediency of applying legislation to those towns; and the immorality in them, according to many people, has been lessened since this has been done. We did not say that we placed implicit reliance in the *decision* of the Royal Commissioners. The meaning of what we did say was clear enough. Dr. Taylor and the Commissioners were at variance as to a statement of fact, and we preferred, meanwhile, to believe the Commissioners. With every respect for Dr. Taylor and Mr. Banks, why should we believe them rather than the twenty-three men whose names are appended to the Report?—ED.

CERTIFICATION OF DISINFECTION.

ON Thursday of last week Mr. and Mrs. Chouffot, of 37, Albert-street, Islington, were fined £2 for letting two parlours at the above address, which had been occupied by a small-pox patient, without having the same properly disinfected in accordance with the orders of the medical officer of health. A certificate of disinfection was given on July 3rd by Mr. E. Goddard, of Pentonville-road; but the magistrate seriously reflected on Mr. Goddard for not having personally observed the disinfecting process, and for having given his certificate on the strength of the statements of Mrs. Chouffot, who was proved in the course of the case to be perfectly unreliable in her statements, having told two sets of lodgers that her husband, who had really laboured under small-pox, had only had rheumatic fever. Mr. Goddard admitted, too, that the word "house" was put into the certificate inadvertently. The case shows with what care medical men will have to act in discharging this duty. It is only fair, however, to state that there is nothing in the Sanitary Act requiring a personal superintendence or observance of the process of disinfection. It is really one that should be done by the local authority, and in most at the expense of the local authority. It is nothing if not done very thoroughly, and this requires an outlay of money on the part of the humbler classes, and of time on the part of a medical man, which it is not reasonable to expect.

Mr. W. J. Newbury.—A M.D. would take precedence. There is great difference of opinion as to what constitutes a physician; some maintaining that membership of a College of Physicians is necessary, others that a mere licentiate of such a College is a physician.

THE letters of *Mr. W. Fairlie Clarke* and *J. W.* on "Tongue-sucking" shall appear next week.

Dr. Meryon.—Perhaps our correspondent will kindly forward us his MS.

DEATH FROM CHLOROFORM.

To the Editor of THE LANCET.

SIR,—As bearing upon the discussion which is now taking place upon the mode in which death is caused by chloroform, I would bring to your notice the following extract from the Proceedings of the Bombay Medical and Physical Society for 1857-58, by the late Dr. Ballingall, Professor of Surgery:—

"On July 20th, 1858, lithotomy was performed on a Portuguese, about sixty years of age. The operation was rather protracted, owing to a number of calculi (fifteen) being found in the bladder. Chloroform had been some time discontinued, and Drs. Giraud and Lownds, who kindly assisted me, had left the operating-table, when, just as the tube was being inserted, I observed that the patient's respiration had ceased. The pulse being, however, still distinct, the patient was turned on his face, and artificial respiration was kept up in the manner recommended by Marshall Hall. Natural respiration was not restored till the tongue was seized by Dr. Lownds, and drawn forward with a pair of artery forceps, as Mr. Syme advises; the pain of this seemed to act as a stimulus, and he soon breathed regularly. On turning the patient, and allowing the body to fall forward again, a distinct expiration was audible; and though he was not thoroughly roused till the tongue was seized, yet this would probably have been unavailing had not the artificial respiration allowed the effects of the chloroform to pass off. In a subsequent case, where chloroform was given for the reduction of a compound fracture of the forearm, a similar arrest of respiration took place; but, acting on the effects of pain in the previous instance, I immediately gave the arm a twist, which instantly caused an effort of inspiration. I would throw this out as a hint in similar cases."

These observations do not require comment. In India it is, I believe, the universal custom to observe the pulse during the administration. Though I gave chloroform very frequently, I never had on any other occasion to use the forceps. Almost all my operations were performed in tents or in the open, where there was the most complete perflation of air. The longest time that I saw a patient kept deeply under chloroform was when assisting Dr. Ebden to crush a stone with ordinary lithotomy forceps, where the patient, a boy of four years old, was kept under its influence for upwards of two hours. The case was a peculiar one, as the stone had got into the prostatic portion of the urethra, and there grown until it was so large that it could not be moved by the forceps. It could be seen at the external opening, and could be felt above the pubes. As the stone was immovable, an effort was made to break it. This succeeded, and by constant nibbling with the forceps at the central part, which was softer than the outside, opportunity was afforded to crush the stone without injury to the soft parts. That the stone was prostatic or urethral was proved by the fact that when the operation was all but complete a great flow or gush of urine took place, and the last portion of stone slipped into the bladder and could not then be extracted. The neck of the bladder could be felt high up above the dilated cavity, where the stone had been growing probably for a large part of the child's life. The fragment that escaped into the bladder passed of itself during the night, and the boy made an excellent recovery. It was only the length of time in which the patient had been deeply under chloroform that prevented further effort to remove it then. The stone could not be weighed, as all the detritus had been washed away by frequent syringing.

Your obedient servant,
Egham Hill, July 17th, 1871. T. M. LOWNDS, M.D.

Lex.—Judging from our correspondent's statement, we do not see that A. had any legal claim to the fees received by B., B. being engaged by the dispensary committee and by the police without reference to A. The question of a moral or professional claim remains. A medical man ill of fever has certainly a claim upon his brethren's kindness during his illness, though this principle could only be applied with great consideration to duties so extensive and laborious, and to a medical man living nine miles off. We speak, of course, on an *ex-parte* statement of the facts.

REYNOLDS'S SYSTEM OF MEDICINE.

A Constant Reader asks us when the next volume (volume iii.) of Reynolds's System of Medicine is likely to be published?

SANITARY MATTERS AT ASKAM.

A CORRESPONDENT of the *Barrow and Furness Daily Times* draws attention to a state of things at Askam-in-Furness which ought not to be suffered to continue. There is a population of 2500, which appears to have been rapidly gathered by the extension of the works of the Furness Iron and Steel Company, and, as is too common in such cases, no provision for sanitary needs seems to have been made. Without proper sewerage, with a water-supply "of a very dirty and inferior quality," and with houses "fearfully overcrowded," the condition of Askam as depicted by the writer is about as unsatisfactory as it can be. And that the local authorities are as inert as such bodies not unfrequently are may be gathered from the statement that lately a medical practitioner reported to the clerk to the guardians the existence of small-pox in a house where five men were sleeping in the same little room with the patient, while other families in the adjoining rooms had free communication with the affected person, but the information was not acted upon by the guardians. These gentlemen will probably find that the medical officer of the Privy Council will call them sharply to book for their negligence.

Mr. S. A. Andrews.—It is contrary to our practice to recommend any medical man by name.

INCESSANT HICCUP.

To the Editor of THE LANCET.

SIR,—In reply to "W. A. D.," allow me to recommend the application of the ether spray to the neck and epigastrium (so as to affect the pneumogastric and phrenic nerves), with full doses of bromide of potassium, at the same time giving ice and soda-water. Should this fail, I should be inclined to blister the neck, and give large doses of quinine during the day, and chloral hydrate at bedtime. Dr. John Constable, about two years ago, related in your columns a case of persistent and alarming hiccup in pneumonia, which was cured by the subcutaneous injection of morphia under the intercostal muscles. This treatment is well worthy of further trial. Widal records a case of obstinate hiccup, accompanied by serious symptoms, which was cured by twelve-grain doses of quinine, repeated every day in the same dose for three days. The hiccup, which had lasted without intermission for nineteen days, never returned. The same author relates another case which was cured by valerianate of zinc with extract of belladonna, and a third by Vichy water and gentian. In the last case the stomach appeared to have been chronically inflamed. In continued fever, hiccup is occasionally troublesome, and will sometimes yield to small doses of rhubarb. Dr. Habershon related, about eight years ago, to the Medical Society of London two cases of hiccup. One could be restrained by counting continuously, and it stopped on the patient walking about. It was cured by iodide of potassium given freely, then steel and blistering to the neck. In the second case the hiccup preceded the formation of a perineal abscess, and did not finally cease until it had been opened and was quite healed. Dr. H. thought both cases due to some indirect irritation of the pneumogastric nerve acting on the spine, and thence reflecting on the phrenic nerve. In the case of a young woman in whom hiccup was present night and day, depending on some intestinal irritation, the late Dr. Todd gave a scruple of calomel, and recovery ensued.

I shall be glad if the above is of any use to your correspondent, at the same time hoping his patient may have obtained relief long before this note meets his eye. If not, I only ask, in return, that he will publish in THE LANCET the nature and result of the treatment adopted.

Your obedient servant,
Chesterfield, July 24th, 1871. JOHN ROSE, M.D.

To the Editor of THE LANCET.

SIR,—With reference to "W. A. D.'s" inquiry, I found, while treating this symptom in yellow-fever cases at Bermuda and Jamaica, the following very efficacious:—Assafœtida, three grains; extract of hyoscyamus, two grains: make into a pill, to be taken every second or third hour.

Your obedient servant,
E. HILDITCH,
United Service Club, July, 1871. Inspector-General, R.N.

To the Editor of THE LANCET.

SIR,—In answer to the request of "W. A. D.," I would recommend him to try ten-drop doses of chloroform, and six or eight applications of Corrigan's iron to the epigastrium. In a recent case I found this treatment beneficial. In another case a troublesome hiccup depended on a loaded rectum, and a smart rectal purvative relieved the irritation.—Yours truly,
Leamington, July 22nd, 1871. JAMES THOMPSON, M.B.

A CORRESPONDENT asks whether tincture of belladonna has been tried in incessant hiccup? It seemed to do good at once in a case in which it was tried.

Dr. Edwards Crisp.—We regret that we cannot find room for our correspondent's lengthy communication.

HOSPITAL OUT-PATIENT REFORM.

THE deputation to Mr. Stansfeld did not ask him to promote the formation of provident dispensaries, but to improve the Poor-law dispensaries, so as to remove all excuse for gratuitous medical relief. This has been Dr. Rogers's object for years past, and it is not surprising that he attended with the deputation, and supported their views with very cogent economic arguments.

Civis.—We see no objection. It is commonly done.

INFANTILE MORTALITY.

To the Editor of THE LANCET.

SIR,—A soldier's wife, seven months pregnant, gives the following account of herself:—Born in Dublin, and married at twenty-three. She lost her first child of measles at Manchester, her second of croup, the third of cholera, the fourth of fever (all at Peshawur), the fifth of cholera at Jullundur, the sixth and last of convulsions at Woolwich. During pregnancy she suffers from ague, and on one occasion, during blazing hot weather at Peshawur, had milk fever and delirium. Is a martyr to facial neuralgia.

I am, Sir, your obedient servant,
July, 1871. FRANCIS R. HOGG, R.H.A.

A MEDICAL VAUBAN.

DR. STRATFORD, of Auckland, New Zealand, has designed a very elaborate plan of the fortifications of Auckland harbour, in illustration of the suggestions laid down in his Report on the Defences of the Port, which the Defence Minister has ordered to be copied for the use of the Government. By all accounts Dr. Stratford has admirably discharged his self-imposed duty. In these days of preventive medicine a few doctors have made themselves authorities in sanitary engineering matters; but our profession has never done anything to advance the science of fortification. Dr. Stratford's object was to show the defenceless condition of the city of Auckland, and to prove that it could be made impregnable at a comparatively moderate cost; that the Albert Barrack Reserve could be laid out so as greatly to embellish the city, with handsome streets, miniature boulevards, forming the most convenient and agreeable walks for the recreation of the people, and realising by sale a sum of £70,000 or £100,000, which, if judiciously applied to the construction of these works, would be found amply sufficient.

Mr. W. Renwick.—It is hard to undertake a journey for the sake of obliging the husband of a maniacal patient and the medical attendant, and then discover that all one has accomplished is a breach of etiquette. Supposing the case and motives to be as stated, there has been no such breach, but the performance of a creditable act of kindness.

BABY FARMING.

THE Report of the Select Committee on this subject has just been published. We have anticipated its contents, but shall probably return to the subject.

THE PROFESSION AND VACCINATION.

To the Editor of THE LANCET.

SIR,—Your leader on the above subject in THE LANCET of July 15th very truthfully points out the evils of imperfect vaccination—viz., fatal results in the event of an epidemic and unpopularity. Except in isolated cases, such as recently came to light at Oldbury, where it was discovered that the wife of an unqualified practitioner was in the habit of vaccinating shoals of infants, making *one* puncture only, and these children were certificated as successfully vaccinated by a qualified practitioner, the profession is to blame for insufficient vaccination. Practitioners are numerous who, competing with the appointed public vaccinators, will mollify the irascibility of parents by promising to make *two* vesicles only, and, in consequence, the public exhibit undisguised indignation at the *four* scarifications made by the public vaccinators. My own experience is rich in instances of this kind, and by undauntingly maintaining my practice I have lost scores of fees. In a district not far from here the vaccinator is browbeaten every day by the district medical officer (who, by-the-by, contrary to all sense of decorum and all law, does not live in the parish). The resident vaccinator is unflinching, and makes *four* scarifications; the latter makes but *two* punctures.

The method of inspection on the eighth day requires remodeling. The system is very loose and unsatisfactory. In populous districts many children are not taken for inspection on the eighth day; many having an inherent dread of having the vesicles pricked, and the contents discharged. The vaccinators in many instances jump to the conclusion that their operations are invariably successful. In order, then, to the proper performance of vaccination, it is essential that a given number of operations be required on each infant, and that the parents be more stringently compelled to show up again on the eighth day.

Our next consideration is the unpopularity of vaccination; unpopular because of the improper performance already considered, and also because of certain local magnates who stigmatise the Vaccination as a *Persecution* Act. I send you an extract from the *Birmingham Daily Post* of Monday last, which will explain this point. The gentleman therein named was for years chairman of a Board of Guardians, is immensely rich, writes M.A. after his name, is a magistrate for two counties, and lastly, when reluctantly compelled by the Act to fine for neglect, he imposes 6*d.* and costs—no stipulation as to the vaccination of the child, and sincerely hopes "the law will soon be altered." Is it any wonder that vaccination is unpopular with such influence as this in antagonism? Why, Sir, this gentleman would send a man to the treadmill for six months for shooting one of his rabbits, but would humanely consign an innocent babe to death from small-pox. Cannot such gentlemen be compelled to swallow a more unsavoury pill than 6*d.* and costs?

I remain, Sir, your obedient servant,
Hales Owen, July 19th, 1871. D. W. PHILLIPS.

*** The facts detailed in this letter prove how desirable it is that as many vaccinators as possible should be brought into the public system.—ED. L.

Ignoramus.—We conceive that, in strict legality, our correspondent would be entitled to the fees, on the ground that his *locum tenens* is paid for the services vicariously discharged by him. Some practitioners agree to divide any fee obtained under such circumstances. Special provision should be made as to the course to be adopted. This would remove all misunderstanding.

Surgeon H. B. Franklyn, R.A., is thanked for his communication; but we do not think that it would be easy to appreciate the merits of the invention from a published description of it, even with the aid of engravings; and we would suggest that our correspondent should put himself in communication with Dr. Parkes on the subject.

N. T. J. H.—That of Mr. Brodhurst.

ASSOCIATION OF EPILEPSY WITH HOMICIDAL MANIA.

To the Editor of THE LANCET.

SIR,—Your correspondent who thinks it remarkable that in the trial of Poole "no allusion was made to the very common association of epilepsy with homicidal mania," must have forgotten that the prisoner's defence was not *excuse* for having committed a murder, but *denial* of having committed a murder at all. Moreover, in any case, the homicidal mania of an epileptic is *impulsive*, and not *premeditated*. Yours, &c.,

Warrington-terrace, Maida-hill, July 24th, 1871. R. S. SISSON, M.D.

RELIEF IN CANCER.

Mr. R. White's (Filey) communication has been received. The proposed method of assuaging the pain resulting from cancerous ulceration by the local application of citric acid is not new. In the case mentioned by our correspondent, a patient of Dr. Brandini's, of Florence, at the Hospital of Santa Maria della Scala, afflicted with cancer of the tongue, experienced great relief from pain by sucking a lemon. The discovery thus accidentally made led to repetitions of the experiment with like results, and Dr. Brandini is said to have tried the effect of the local application of solutions of citric acid to cancerous ulcerations in other parts, and with very beneficial results.

Mr. Robert Pattie.—Without approving of the management that assigns the setting of fractures and the holding of limbs about to be amputated to nurses, as is reported of Walsall Cottage Hospital, we decline passing an opinion on the case forwarded to us by Mr. Pattie. We have only one side of the case before us, and this leads us to believe that there is a good deal to be said on the other side.

THE TREATMENT OF ASSISTANTS.

To the Editor of THE LANCET.

SIR,—I undertook an engagement as assistant on the 1st of June in Gloucestershire, and signed an agreement not to engage my services to any other practitioner within five miles. When I arrived at my destination, I was requested by my employer not to form the acquaintance of either of the medical men practising in the same town. During the first month and six days I led a miserably secluded life; for I saw that my employer was not only at variance with the neighbouring medical men, but with everyone else, even the gentleman whose works he was engaged on. On the 7th July a medical man, holding a high standing in the town, stopped his carriage to explain a purely professional circumstance to me, for which I received my dismissal. I enclose the names of the gentlemen who will corroborate my statement, and merely ask you to insert this in justice to other assistants of very limited means, who cannot afford a trip into one of the mining, hard-working districts for so short a period.

I am, Sir, yours obediently,
Cambridge-place, W., July 18th, 1871. CHARLES SMITH DAY.

BOARDING-OUT OF PAUPER CHILDREN IN SCOTLAND.

THE Committee on the Scotch Poor Law record their unqualified approval of the practice of boarding-out pauper children who are orphans, or are deserted or separated from their parents. The evidence taken upon the subject was so unanimous as to the marked benefits of the system that the Committee recommend that every encouragement should be given to its maintenance and to its further extension.

IS SHINGLES EVER CONTAGIOUS?

To the Editor of THE LANCET.

SIR,—A patient of mine was in the company of a lady afflicted with this complaint, and exhibited symptoms of it herself in fourteen days after, and is now suffering severely from it. Is this cause and effect, or merely an accidental coincidence? Erasmus Wilson speaks of it as sometimes attacking so many persons as to give rise to the suspicion of its being an epidemic disorder. May this not be due to some infecting power?—Yours, &c.,

July, 1871. GALLIO.

ERRATUM.—We have much pleasure in correcting an error in our issue of the 15th instant. Henry Curran, L.K.Q.C.P.I., L.R.C.S.I., is, we are informed, recovering from the attack of enteric fever of which he was reported to have died.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Meryon; Mr. Reed; Mr. Hardie; Mr. Leonard; Mr. Pearce; Dr. Hogg; Mr. Ellery, Plympton; Mr. Heal; Mr. Paine; Mr. Pooley, Dublin; Mr. P. Fairland; Mr. W. J. Newbury; Mr. Walton; Mr. Elton; Mr. Fairclough, Mirfield; Dr. Taylor, Nottingham; Mr. Eaton; Dr. Agar; Mr. E. Henry, Bradford; Mr. Rayner; Mr. Hilliard, Edinburgh; Mr. Hawker; Mr. Colton, Maidstone; Mr. Gorton; Mr. Price; Dr. Gray, Glasgow; Mr. Cornish, Walsall; Mr. English; Mr. Simpson; Dr. Moore; Mr. Hilditch; Mr. White, Filey; Dr. Rose, Chesterfield; Mr. R. Payne, Salford; Dr. Wyllie, Scarborough; Colonel Grove; Dr. Sisson; Dr. Milne; Mr. Meadows, Truro; Mr. Holl; Mr. Robertson, Rochester; Mr. Denne, Shiffnal; Dr. Clarke; Mr. Shaw; Dr. Caton, Fairfield; Dr. Anderson, Richmond; Dr. Falconer, Bath; Mr. Wilson, Eye; Mr. Thompson; Mr. Buck, Cressage; Dr. Hutchinson, Scarborough; Mr. Walters; Dr. Rawson; Mr. R. Jenner, Hallaton; Mr. Mills; Dr. Renwick, Oxford; Dr. Henry, New York; Mr. Williams, Festiniog; Mr. E. Peters, Wellington; Dr. Woods, Bray; Dr. Gill, Bow; Mr. Moreton, Colney Hatch; Mr. Bayes, Stamford; Mr. Powell, Uppingham; Dr. Sturges; Mr. Farrow, Oakham; Mr. Chapman; Mr. Newman, Birmingham; Mr. Day, Newchurch; Mr. Moore; Mr. C. Bosanquet; Mr. Plasson, Paris; Mr. Charles, Brentwood; Dr. Duke, Dover; Dr. Park, Dowlais; Dr. Prince; Mr. Bunn; Dr. Hubert, Billingshurst; Dr. Jones, Brecon; Dr. Armstrong, Newcastle-on-Tyne; Mr. Watkinson; Mr. Brown; Mr. Matthews, Farnborough; Mr. Walkden; Mr. J. Holmes, Salterton; Mr. White, Broxbourne; Mr. Cooper, Warwick; Dr. Davies, Aberdare; Dr. Hardy; Dr. Deane, St. Ives; Mr. Barnes; Mr. Kipling; Dr. Tayler, Aberley; Dr. Thompson, Leamington; Mr. H. B. Franklyn, Southsea; Mr. Sargeant; Mr. Lymburn; Mr. Schacht; Mr. Grabham; Mr. Young, Hull; Mr. Whalley; Mr. Haydon; Mr. Leigh; Mr. Williams, Eythorne; Mrs. Currie; A Bald-headed General Practitioner; Ignoramus; Argent; J. B.; M.D.; E. B.; M.R.C.S.; Lancelot; T. T.; A Constant Reader; J.W.; Deltius; Civis; C. B.; Kappa; B.; Lex; Alpha; &c. &c.

Bridlington Observer, Banbury Guardian, Barrow Daily Times, Welshman, Durham County Advertiser, Yorkshire Post, Waterford Chronicle, and *Retford News* have been received.